

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067117

Entity Name: TROPICAL CLEANERS AND LAUNDRY, INC.**Current Principal Place of Business:**222 LAKEVIEW AVE
PH #5
WEST PALM BEACH, FL 33401**Current Mailing Address:**222 LAKEVIEW AVE
PH #5
WEST PALM BEACH, FL 33401 US**FEI Number:** 65-0603269**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, WILTON ESQ.
660 US HIGHWAY ONE
3RD FLOOR
NORTH PALM BEACH, FL 33408 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	COHEN, PHILIP M
Address	222 LAKEVIEW AVE PH #5
City-State-Zip:	WEST PALM BEACH FL 33401

Title	ASST. TREASURER
Name	COHEN, LOUIS M
Address	222 LAKEVIEW AVE PH #5
City-State-Zip:	WEST PALM BEACH FL 33401

Title	PRESIDENT
Name	MORRISON, CARLOS G
Address	222 LAKEVIEW AVE PH #5
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VP, SECRETARY
Name	MORRISON, THOMAS J
Address	222 LAKEVIEW AVE PH #5
City-State-Zip:	WEST PALM BEACH FL 33401

Title	TREASURER
Name	GIL, FRANCISCO
Address	222 LAKEVIEW AVE PH #5
City-State-Zip:	WEST PALM BEACH FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS MORRISON

THOMAS MORRISON

03/18/2021

Electronic Signature of Signing Officer/Director Detail_____
Date