


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # M43936 1. Entity Name PANTROPIC POWER, INC.	
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Principal Place of Business 8205 N.W. 58TH STREET MIAMI, FL 33166	Mailing Address 8205 N.W. 58TH STREET MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2749643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOTAS, LUIS
 8205 N.W. 58TH STREET
 MIAMI, FL 33166

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTAS, LUIS 8205 NW 58TH ST. MIAMI, FL 331663406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS CABRERA, FERNANDO 8205 NW 58TH ST. MIAMI, FL 331663406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBERT JR. 8205 NW 58TH ST. MIAMI, FL 331663406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARTIANIAN, CHRISTABEL 8205 NW 58TH ST. MIAMI, FL 331663406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, KENNETH 8205 NW 58TH STREET MIAMI, FL 331663406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000808203
 02/07/08-80040-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Luis Botas 01/22/08 305-477-3329
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #