SIGNATURE: HAROLD VIALES

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

8205 N.W. 58TH STREET DAMIEN STEWART MIAMI, FL 33166

DOCUMENT# M43936

Entity Name: PANTROPIC POWER, INC.

Current Principal Place of Business:

Current Mailing Address:

8205 N.W. 58TH STREET DAMIEN STEWART MIAMI, FL 33166 US

FEI Number: 59-2749643

Name and Address of Current Registered Agent:

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

Officer/Director Detail :

Oncerbirector Detail.			
Title	PD	Title	D
Name	BOTAS, LUIS	Name	KELLY, ROBERT JR.
Address	8205 NW 58TH ST.	Address	8205 NW 58TH ST.
City-State-Zip:	MIAMI FL 33166-3406	City-State-Zip:	MIAMI FL 33166-3406
Title	D	Title	D
Name	VARTIANIAN, CHRISTABEL	Name	KELLY, CHRISTOPHER L.
Address	8205 NW 58TH ST.	Address	8205 NW 58TH STREET
City-State-Zip:	MIAMI FL 33166-3406	City-State-Zip:	MIAMI FL 33166-3406
Title	VP/SECRETARY	Title	ACCOUNTING MANAGER
Title Name	VP/SECRETARY DETORRES, ETTORE J	Title Name	ACCOUNTING MANAGER VIALES, HAROLD
Name	DETORRES, ETTORE J	Name	VIALES, HAROLD
Name Address	DETORRES, ETTORE J 8205 NW 58TH STREET	Name Address	VIALES, HAROLD 8205 N.W. 58TH STREET
Name Address City-State-Zip:	DETORRES, ETTORE J 8205 NW 58TH STREET MIAMI FL 33166-3406 CONTROLLER	Name Address City-State-Zip:	VIALES, HAROLD 8205 N.W. 58TH STREET MIAMI FL 33166
Name Address City-State-Zip: Title	DETORRES, ETTORE J 8205 NW 58TH STREET MIAMI FL 33166-3406	Name Address City-State-Zip: Title	VIALES, HAROLD 8205 N.W. 58TH STREET MIAMI FL 33166 VP
Name Address City-State-Zip: Title Name	DETORRES, ETTORE J 8205 NW 58TH STREET MIAMI FL 33166-3406 CONTROLLER STEWART, DAMIEN	Name Address City-State-Zip: Title Name	VIALES, HAROLD 8205 N.W. 58TH STREET MIAMI FL 33166 VP CHACON, SERGIO

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

DAMIEN STEWART

.....

Certificate of Status Desired: Yes

ACCOUNTING MANAGER 01/19/2023

Date

Date