

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M43936

**Entity Name:** PANTROPIC POWER, INC.

**Current Principal Place of Business:**

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

**FILED**  
**Jan 20, 2021**  
**Secretary of State**  
**4537747357CC**

**Current Mailing Address:**

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

**FEI Number: 59-2749643**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

Date

**Officer/Director Detail :**

Title PD  
Name BOTAS, LUIS  
Address 8205 NW 58TH ST.  
City-State-Zip: MIAMI FL 33166-3406

Title D  
Name KELLY, ROBERT JR.  
Address 8205 NW 58TH ST.  
City-State-Zip: MIAMI FL 33166-3406

Title D  
Name VARTIANIAN, CHRISTABEL  
Address 8205 NW 58TH ST.  
City-State-Zip: MIAMI FL 33166-3406

Title D  
Name KELLY, CHRISTOPHER L.  
Address 8205 NW 58TH STREET  
City-State-Zip: MIAMI FL 33166-3406

Title VP/SECRETARY  
Name DETORRES, ETTORE J  
Address 8205 NW 58TH STREET  
City-State-Zip: MIAMI FL 33166-3406

Title ACCOUNTING MANAGER  
Name VIALES, HAROLD  
Address 8205 N.W. 58TH STREET  
DAMIEN STEWART  
City-State-Zip: MIAMI FL 33166

*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: HAROLD VIALES** \_\_\_\_\_

**ACCOUNTING MANAGER 01/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date