## **2018 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

## **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

FILED Feb 28, 2018

**Secretary of State** 

CC3728949808

## Officer/Director 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

NameVARTIANIAN, CHRISTABELNameKELLY, CHRISTOPHER L.Address8205 NW 58TH ST.Address8205 NW 58TH STREETCity-State-Zip:MIAMI FL 33166-3406City-State-Zip: MIAMI FL 33166-3406

Title VP/SECRETARY Title ACCOUNTING MANAGER

Name DETORRES, ETTORE J Name VIALES, HAROLD

Address 8205 NW 58TH STREET Address 8205 N.W. 58TH STREET

DAMIEN STEWART

City-State-Zip: MIAMI FL 33166-3406 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** 

02/28/2018 Date