

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90097 028 ***150.00

DOCUMENT # K86878

1. Entity Name
TROPICHEM RESEARCH LABS, INC.



Principal Place of Business
**8368 GARDEN ROAD
RIVIERA BCH, FL 33404 US**

Mailing Address
**8368 GARDEN ROAD
RIVIERA BCH, FL 33404 US**

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country



04212008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0125129

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWROZEK, RONALD G.
11480 46TH PLACE, NORTH
ROYAL PALM BEACH, FL 33411**

Name **LES MELAMED**
Street Address (P.O. Box Number is Not Acceptable)
1337 BEACON CIRCLE
City **WELLINGTON** FL Zip Code **33414**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

| | | |
|---|--|--|
| TITLE PD | NAME POWROZEK, RONALD G | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 11480 46TH PLACE NORTH | CITY-ST-ZIP ROYAL PALM BEACH, FL | |
| TITLE VSD | NAME MELAMED, LES | <input type="checkbox"/> Delete |
| STREET ADDRESS 1431 HIDEAWAY BEND | CITY-ST-ZIP WELLINGTON, FL | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | CITY-ST-ZIP | |

| | | |
|--|--|--|
| TITLE PRESIDENT | NAME LES MELAMED | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1337 BEACON CIRCLE | CITY-ST-ZIP WELLINGTON, FL 33414 | |
| TITLE VICE PRESIDENT | NAME RICHARD BUTLER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 6101 S CALUMET CIRCLE | CITY-ST-ZIP LAKE WORTH, FL 33467 | |
| TITLE TREASURER/SECRETARY | NAME DAVID BLANK | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 10168 S PLATT PLACE | CITY-ST-ZIP LAKE WORTH, FL 33467 | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | |

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 supplemental 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: *[Signature]* **4.22.08** **54. 848 8825**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #