


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90044 033 \*\*\*150.00

<b>DOCUMENT # P00000104755</b> 1. Entity Name <b>TRIPOTE, INC.</b>					
Principal Place of Business <b>475 NE 50TH TERRACE MIAMI, FL 33137</b>			Mailing Address <b>C/O M.K. SUMMITT 475 NE 50TH TERRACE MIAMI, FL 33137</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>90 M. Kay Lewis, Esq. 475 N.E. 50th Terrace</b>		
City & State <b>Miami FL</b>			4. FEI Number <b>65-1124650</b>		
Zip <b>33137</b>			Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>SUMMITT, M.K. ESQ. 475 NE 50TH TERRACE MIAMI, FL 33137</b>			7. Name and Address of New Registered Agent Name <b>M. Kay Lewis, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>475 N.E. 50th Terrace</b> City <b>Miami</b> FL Zip Code <b>33137</b>		
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 <u>M. Kay Lewis, Esq.</u> DATE <u>Jan. 7, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BROWN, PETER R 4776 GROSVENOR MONTREAL, QUEBEC, H3W 2L8	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITO, MORIO 828 CAMINO DEL PONIENTE SANTA FE, NM 87501	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Peter R. Brown, VP.</u> JAN 7, 2005 (514) 485-2298 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40007317



01072005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1124650

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

SUMMITT, M.K. ESQ.  
475 NE 50TH TERRACE  
MIAMI, FL 33137

Name **M. Kay Lewis, Esq.**  
Street Address (P.O. Box Number is Not Acceptable) **475 N.E. 50th Terrace**  
City **Miami** FL Zip Code **33137**

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SIGNATURE M. Kay Lewis, Esq. DATE Jan. 7, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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CITY-ST-ZIP  
PSD  
BROWN, PETER R  
4776 GROSVENOR  
MONTREAL, QUEBEC, H3W 2L8

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STREET ADDRESS  
CITY-ST-ZIP  
VSD  
☒ Change ☐ Addition

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CITY-ST-ZIP  
VD  
MITO, MORIO  
828 CAMINO DEL PONIENTE  
SANTA FE, NM 87501

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