

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90066 007 ***150.00

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01062004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000111627					
1. Entity Name TROPITECH INC.					
Principal Place of Business 327 LEEWARD DRIVE JUPITER, FL 33477			Mailing Address 327 LEEWARD DRIVE JUPITER, FL 33477		
2. Principal Place of Business 213 CIRCLE EAST Suite, Apt. #, etc.		3. Mailing Address 213 CIRCLE EAST Suite, Apt. #, etc.			
City & State JUPITER FL		City & State JUPITER FL		4. FEI Number 32-0036666	
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIPPO, ALAN 327 LEEWARD DRIVE JUPITER, FL 33477			7. Name and Address of New Registered Agent Name: ALAN GRIPPO Street Address (P.O. Box Number is Not Acceptable): 213 CIRCLE EAST City: JUPITER FL Zip Code: 33458		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME GRIPPO, ALAN		<input type="checkbox"/> Delete		
STREET ADDRESS 327 LEEWARD DR	213 CIRCLE EAST		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP JUPITER FL 33477	JUPITER FL 33458				
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 NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY - ST - ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY - ST - ZIP					
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: _____		1/6/04		561 745 8223	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	