

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000111627**

1. Entity Name  
**TROPITECH INC.**



Principal Place of Business  
**213 CIRCLE EAST  
JUPITER, FL 33458**

Mailing Address  
**213 CIRCLE EAST  
JUPITER, FL 33458**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>32-0036666</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

**6. Name and Address of Current Registered Agent**

**GRIPPO, ALAN  
213 CIRCLE EAST  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

|                |                   |
|----------------|-------------------|
| TITLE          | P                 |
| NAME           | GRIPPO, ALAN      |
| STREET ADDRESS | 213 CIRCLE EAST   |
| CITY-ST-ZIP    | JUPITER, FL 33458 |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |

U00000776378  
01/09/08-80023-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALAN GRIPPO**

Date

**1/7/08**

Daytime Phone #

**561 745 8223**