

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000037934

1. Entity Name  
TRIPOLIS CORPORATION



Principal Place of Business

P.O. BOX 973083  
MIAMI, FL 33197-3083

Mailing Address

P.O. BOX 973083  
MIAMI, FL 33197-3083

**DO NOT WRITE IN THIS SPACE**



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
13-4250972

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMOS, MARCELO A  
21120 BLUEWATER ROAD  
MIAMI, FL 33189

**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

*Marcelo Ramos*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMOS, MARCELO A
STREET ADDRESS	P.O. BOX 973083
CITY - ST - ZIP	MIAMI, FL 331973083
TITLE	D
NAME	RAMOS, MARIA T
STREET ADDRESS	P.O. BOX 973083
CITY - ST - ZIP	MIAMI, FL 331973083
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000537242  
05/09/06-80010-001 150.00

**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:

*Marcelo Ramos - Marcelo Ramos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06