2008 FOR PROFIT CORPORATION ANNUAL REPORT

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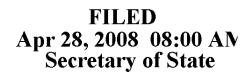
1. Entity Name
TRIPOLIS CORPORATION



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

04242008 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

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 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE RAMOS, MARCELO A NAME P.O. BOX 973083 STREET ADDRESS MIAMI, FL 331973083 CITY-ST-ZIP TITLE RAMOS, MARIA T NAME STREET ADDRESS P.O. BOX 973083 CITY-ST-ZIP MIAMI, FL 331973083 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 of 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:

NAME STREET AOORESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

4/24/08

305-3780708