

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 031 ***150.00

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1. Entity Name
AMERICAN TROPHY CORPORATION



Principal Place of Business
**3600 NORTH STATE ROAD 7
FORT LAUDERDALE, FL 33319**

Mailing Address
**3600 NORTH STATE ROAD 7
FORT LAUDERDALE, FL 33319**

50027270



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1646652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRODICK, STEVE
3511 NW 122 AVE
SUNRISE, FL 33323**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TRODICK, STEVE ☐ Delete
STREET ADDRESS 3511 NW 122 AVENUE
CITY-ST-ZIP SUNRISE, FL 33323

TITLE VPD
NAME TRODICK, GERILYN ☐ Delete
STREET ADDRESS 2410-1 ARAGON BLVD
CITY-ST-ZIP SUNRISE, FL 33322

TITLE SD
NAME TRODICK, SEAN ☐ Delete
STREET ADDRESS 2410-1 ARAGON BLVD
CITY-ST-ZIP SUNRISE, FL 33322

TITLE TD
NAME TRODICK, ALFRED J ☐ Delete
STREET ADDRESS 2410 ARAGON BLVD.
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05

Date

Daytime Phone #

954-931-1000