

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90016 044 ***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**

**831 W McNab Road
Pompano Beach, FL 33060**



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

Gerilyn Trodick (Gerilyn Trodick)

3-8-06

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Gerilyn Trodick (Gerilyn Trodick)

Date

Daytime Phone #

3-8-06 954-982-2250