


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P04000124012


1. Entity Name
AMERICAN TROPHY CORPORATION



Principal Place of Business
**831 W MCNAB RD
POMPANO BEACH, FL 33060**

Mailing Address
**831 W MCNAB RD
POMPANO BEACH, FL 33060**

DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1646652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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

000000865336
04/07/08-80024-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRODICK, STEVE 3511 NW 122 AVENUE SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRODICK, GERILYN 2410-1 ARAGON BLVD SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRODICK, SEAN 2410-1 ARAGON BLVD SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRODICK, ALFRED J 2410 ARAGON BLVD. 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: *Steve Trodick* **3-25-08 954-782-2250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #