## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139360

Entity Name: TRIPODI INVESTMENTS, INC.

FILED Apr 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10105 WILD QUAIL DR.

7103 MAIDSTONE DRIVE
PORT ST. LUCIE, FL 34986

PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

10105 WILD QUAIL DR.

7103 MAIDSTONE DRIVE
PORT ST. LUCIE, FL 34986

7103 MAIDSTONE DRIVE
PORT ST. LUCIE, FL 34986

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIPODI, MAX

10105 WILD QUAIL DR.

PORT ST. LUCIE, FL 34986 US

TRIPODI, MAX

7103 MAIDSTONE DRIVE.

PORT ST. LUCIE, FL 34986 US

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.

SIGNATURE: 04/27/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: MAX, TRIPODI Name: MAX, TRIPODI

Address: 10105 WILD QUAIL DR. Address: 7103 MAIDSTONE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986 US City-St-Zip: PORT ST. LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX TRIPODI D 04/27/2008