


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90051 010 ***150.00

DOCUMENT # P07000102420 1. Entity Name TRONICS, INC.					
Principal Place of Business 8025 NW 36 ST 9999 NE 2 AVE STE. 302 STE 218 MIAMI, FL 33166 MIAMI SHORES FL 33138			Mailing Address 8025 NW 36 ST STE. 302 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 9999 NE 2 AVENUE			3. Mailing Address 		
Suite, Apt. #, etc. 218			Suite, Apt. #, etc. 		
City & State MIAMI SHORES FL			City & State 		
Zip 33138		Country USA		4. FEI Number 41-2251992	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONROY, ANDRES 8025 NW 36 ST STE. 302 MIAMI, FL 33166				7. Name and Address of New Registered Agent Name CHIARATO UGO Street Address (P.O. Box Number is Not Acceptable) 9999 NE 2ND AVE #218 City MIAMI SHORES FL Zip Code 33138	
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PALTRINIERI, FABRIZIO VIA COLLETTA 27 REGGIO EMILIA, IT 42100			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>03/02/08</u> Daytime Phone # <u>(305) 899 5079</u>	