

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P97000099636

1. Entity Name
TROPICAL TORQUE CONVERTERS, INC.



Principal Place of Business
**5701 SW 40TH AVE.
FORT LUDERDALE, FL 33314 US**

Mailing Address
**5701 SW 40TH AVE.
FORT LUDERDALE, FL 33314 US**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0826445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARTIN, FRANK
5701 SW 40TH AVENUE
FT. LAUDERDALE, FL 33312**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U000000733328
05/09/07-800800-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	MARTIN, FRANK
STREET ADDRESS	5701 SW 40TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314
TITLE	D
NAME	MARTIN, FRANK
STREET ADDRESS	5701 SW 40TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/07 9589279272

Date

Daytime Phone #