

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000124012

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**2492170297CC**

**Entity Name:** AMERICAN TROPHY CORPORATION

**Current Principal Place of Business:**

831 W MCNAB RD  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

831 W MCNAB RD  
POMPANO BEACH, FL 33060

**FEI Number:** 20-1646652

**Certificate of Status Desired:** No

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

TRODICK, STEVE  
3511 NW 122 AVE  
SUNRISE, FL 33323 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name TRODICK, STEVE  
Address 3511 NW 122 AVENUE  
City-State-Zip: SUNRISE FL 33323

Title VPD  
Name TRODICK, GERILYN  
Address 2410-1 ARAGON BLVD  
City-State-Zip: SUNRISE FL 33322

Title TD  
Name TRODICK, ALFRED J  
Address 2410-1 ARAGON BLVD.  
City-State-Zip: SUNRISE FL 33322

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN TRODICK

**PRESIDENT**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date