


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F68395 1. Entity Name CRONOS ENGINEERING, INC.	
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Principal Place of Business 3301 N. DIXIE HWY. BOCA RATON, FL 33431	Mailing Address 3301 N. DIXIE HWY. BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2186617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STAPLES, CHARLES W 3301 N. DIXIE HWY BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____

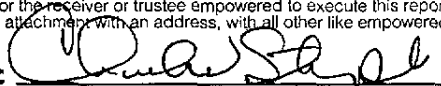
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT STAPLES, CHARLES E 270 NW 36TH STREET BOCA RATON, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NEWNHAM, FRANCES E 502 NE 48TH STREET BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLES, ROBERT EARL 4217 WOODS END RD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/05-80058-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **CHARLES STAPLES** 3/14/05 561-392-8700

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