



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90106 045 \*\*\*150.00

DOCUMENT # K36337			
1. Entity Name KROME PLAZA, CORPORATION			
Principal Place of Business 1746 SW 138 AVENUE MIAMI, FL 33175		Mailing Address 16284 SW 43RD TERR MIAMI, FL 33185 US	
2. Principal Place of Business 19740 SW 177 AVE		3. Mailing Address 16284 SW 43RD TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33155	Country DADE	Zip 33185	Country U.S.
4. FEI Number 65-0212675		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENITEZ, ORLANDO 16284 SW 43RD TERR MIAMI, FL 33185		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16284 SW 43RD TERR City MIAMI FL Zip Code 33185	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP BENITEZ, ORLANDO 16284 SW 43 TERRACE MIAMI, FL 33185 <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: 		Date: 4-14-06 (205) 310-2969	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04132006 Chg-P CR2E034 (11/05)