## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K80540

## FILED Jan 08, 2007 8:00 am Secretary of State

01-08-2007 90249 020 \*\*\*150.00

KROME	AVENUE PROPERTIES, INC.			4000	n957			
Principal Plac	ce of Business	Mailing Address	·	יטטטט	O E O I			
29885 SW 166TH CT P.0		P.O. BOX 900969	O. BOX 900969 IOMESTEAD, FL 33090-0969 US					
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l :		3. Mailing Address	P.O. Box 900914					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (12/06)		
1 '		City & State Howestend			19		plied For	
Zip	Country	Zip 33090	Country	65-073163  5. Certificate of St		\$8.75 Add	litional	
	6. Name and Address of Current Re		7. Name and Add	Iress of New Re	gistered Agent			
				(1-1)	۷١.	n .		
PASTRAN, RAUL E			Street Ade	Street Address (P.O. Box Number is Not Acceptable)				
333 N.E. 8TH STREET HOMESTEAD, FL 33030			Street Act	oress (1 .O. Dox Number is		_		
HOWESTEAD, FE 33030			317	N. Kromi	ο Δ.10	- 120		
				City Zip Code				
8 The above	e named entity submits this statement for the	he purpose of changing its re	nistered office or r	registered agent, or both, in	the State of Flor	ida Lam familiar with		
	tions of registered agent.	To parpood or analiging to re	79.015.00 GMC G. 1	ogiotorou agorit, or botti, in	THE CIGIO OF FIG	iod. Fairrainiidi Willia	and dooopt	
SIGNATURE.	VEIN	·						
3IGIVATORE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE I	Registered Agent signature	e required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign     Trust Fund Contrib	~ _	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHA	NGES TO OFFIC	CERS AND DIRECTOR:	S IN 11	
TITLE	D'	☐ Delete	TITLE			☐ Change	Addition	
NAME	HELMS, L.B.		NAME					
STREET ADDRESS	29885 SW 166TH CT		STREET ADDRESS					
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CHY-SI-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME CIDEET ADDRESS	}		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip					
Janes Off Ell	į.		OTT OF ER					

12. Thereby 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.

TITLE

NAME

TITLE

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS CHY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

01/04/2007

305-247-4863

Change

☐ Change

☐ Addition

■ Addition

Daytime Phone #