


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # K80540</b>	
1. Entity Name <b>KROME AVENUE PROPERTIES, INC.</b>	

Principal Place of Business <b>29885 SW 166TH CT HOMESTEAD, FL 33030</b>	Mailing Address <b>P.O. BOX 900969 HOMESTEAD, FL 33090-0969 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 900914</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Homestead, FL</b>	
Zip	Country	Zip <b>33090</b>	Country <b>USA</b>

**40000257**



01042007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>PASTRAN, RAUL E 333 N.E. 8TH STREET HOMESTEAD, FL 33030</b>		7. Name and Address of New Registered Agent Name <b>Stephen R. Shelley</b> Street Address (P.O. Box Number is Not Acceptable) <b>317 N. Krome Avenue</b> City <b>Homestead</b> FL Zip Code <b>33030</b>	
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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** 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	<b>D' HELMS, L.B. 29885 SW 166TH CT HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **01/04/2007** **305-247-4803**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #