


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90196 030 \*\*\*\*61.25

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N05000008054</b>                |  |
| 1. Entity Name<br><b>KRCMA SERVICES CORP.</b> |                                                                                   |

|                                                                                      |                                                                               |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>120 WASHINGTON AVE.<br/>HOMESTEAD, FL 33030 US</b> | Mailing Address<br><b>1418 E MOWRY DR.<br/>101<br/>HOMESTEAD, FL 33030 US</b> |
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|                                                                                    |                                                                                      |
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| 2. Principal Place of Business<br><b>120 Washington Ave</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1418 E Mowry Drive</b><br>Suite, Apt. #, etc.<br><b>101</b> |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

|                                          |                                        |
|------------------------------------------|----------------------------------------|
| City & State<br><b>Homestead Florida</b> | City & State<br><b>Homestead 33033</b> |
| Zip<br><b>33030</b>                      | Country<br><b>U.S.A</b>                |
| City & State<br><b>Florida</b>           | Country<br><b>Florida</b>              |

04242006 Chg-NP CR2E037 (11/05)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>54-2180114</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>JORGE, BEATRIZ<br/>30420 S. DIXIE HWY<br/>HOMESTEAD, FL 33030</b> |  |
|-------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name <b>Jorge, Beatriz</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>30420 S. Dixie Hwy</b><br>City <b>Homestead, FL</b> 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 Gustavo Toledo (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>TOLEDO, GUSTAVO<br/>1418 E. MOWRY DR. APT. 101<br/>HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>VLADILLO, VOJMIR<br/>1418 E. MOWRY DR. APT 101<br/>HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 617, 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: Gustavo Toledo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #