

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003068

FILED  
Mar 01, 2008  
Secretary of State

Entity Name: CHROME ANGELS INC.

**Current Principal Place of Business:**

6434 LAKESHORE DRIVE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6434 LAKESHORE DRIVE  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-4508911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DENCY, MAUREEN  
6434 LAKESHORE DRIVE  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: DENCY, MAUREEN  
Address: 6434 LAKESHORE DRIVE  
City-St-Zip: MARGATE, FL 33063

Title: V-P (X) Delete  
Name: PETRESS, DELORA  
Address: 3205 NW 89TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Delete  
Name: MARTHA, JOHNSON  
Address: P.O. BOX 1705  
City-St-Zip: POMPANO BEACH, FL 33069

Title: SEC (X) Delete  
Name: KOSZO, MARLENE  
Address: 3191 SW 9TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TREA (X) Delete  
Name: CALCE, MANON  
Address: 3340 NW 15TH TERRACE  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN DENCY

PRES

03/01/2008

Electronic Signature of Signing Officer or Director

Date