2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 5

May 02, 2005 08:00 AM **Secretary of State** DOCUMENT # P00000006199 1. Entity Name KROMAX, INC. Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE **520 BRICKELL KEY DRIVE** STE 0-204 STE 0-204 MIAMI, FL 33131 MIAMI, FL 33131 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0975487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STANHAM, NICHOLAS 520 BRICKELL KEY DRIVE **SUITE 0-305** IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and liftle if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE I\$ \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE JACHTCHENCO, DANIEL NAME 520 BRICKELL KEY DRIVE STREET ADDRESS U000000354307 ° CITY-ST-ZIP MIAMI, FL 33131 /5/03/05-80101-020 150.00 TITLE JACHTCHENKO, SERGIO NAME 2539 S BAYSHORE DR 326 STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CDY-57-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it made under oath, that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if

JACHTCHENCO

FILED