2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000016010

1. Entity Name
KROCHELY, CORP.

Principal Place of Business	Mailing Address
1421 N.E. 163 ST. #1034 MIAMI, FL 33162	1421 N.E. 163 ST. #1034 MIAMI, FL 33162

DO NOT WRITE IN THIS SPACE

04242004 No Chg-P CR2E094 (10/03)

4. FEI Number
65-1074819

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, GRACE
1421 N.E. 163 ST. #1034
MIAMI, FL 33162

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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: Grace Gomez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GOMEZ, GRACE
STREET ADDRESS	1421 N.E. 163 ST #1034
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VPD
NAME	GOMEZ, GRACE
STREET ADDRESS	1421 N.E. 163 ST. #1034
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80071-022 150.00

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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 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: Grace Gomez 04-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date