

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000058394

1. Entity Name
J A CROTON CORP.



Principal Place of Business
**C/O BARED AND ASSOC PA
1500 SAN REMO AVE SUITE 103
CORAL GABLES, FL 33146**

Mailing Address
**C/O BARED AND ASSOC PA
1500 SAN REMO AVE SUITE 103
CORAL GABLES, FL 33146**



05052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1115253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARED AND ASSOC., PA
1500 SAN REMO AVE SUITE 103
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARCANO, ELIA
STREET ADDRESS	1500 SAN REMO AVE SUITE 103
CITY - ST - ZIP	CORAL GABLES, FL 33146

TITLE	D
NAME	MARCANO, JOSE ANTONIO
STREET ADDRESS	1500 SAN REMO AVE SUITE 103
CITY - ST - ZIP	CORAL GABLES, FL 33146

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

000000364727
05/09/05-80006-023 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J Marcano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/05 305 666 010