



DOCUMENT # P01000058394				05-26-2006 90017 037 ***150.00	
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		50019864 	
2. Principal Place of Business C/O Bared & Assoc PA		3. Mailing Address C/O Bared & Assoc PA		05222006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. 1500 San Remo Ave #248		Suite, Apt. #, etc. 1500 San Remo Ave #248		4. FEI Number 65-1115253	
City & State Coral Gables, FL		City & State Coral Gables, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33146		Country		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				7. Name and Address of New Registered Agent Name Bared & Assoc. PA Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave #248 City Coral Gables FL Zip Code 33146	
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCANO, ELIA 1500 SAN REMO AVE SUITE 103 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCANO, JOSE ANTONIO 1500 SAN REMO AVE SUITE 103 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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 Antonio Marciano		Date 5/22/06 Daytime Phone # 305 666 6010			