

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069906

FILED
Jul 11, 2005
Secretary of State

Entity Name: CRONE, INC.

Current Principal Place of Business:

1490 W. 49 PLACE #570B
HIALEAH, FL 33012 US

New Principal Place of Business:

15813 NW 16 CT
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

4410 WEST 16 AVENUE, SUITE 5
BOX 300
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 65-1124673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVE, BRACHE
4410 WEST 16 AVENUE, SUITE 5
BOX 300
HIALEAH, FL 33012 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRACHE, DAVE
Address: 15813 NW 16 CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S () Delete
Name: DONALD, OXLEY
Address: 16321 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: JOHN, MCCANN
Address: 19766 CYPRESS WOOD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: CEREIJO, LALY
Address: 2847 SOUTH EVERGREEN CR
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: RODRIGUEZ, RAFAEL
Address: 402 GRAN USUBO CIUDAD JARDIN III
City-St-Zip: TOA ALTA PUERTO RICO, PR 00953

Title: T () Delete
Name: CEREIJO, VICENTE
Address: 2847 SOUTH EVERGREEN CR
City-St-Zip: BOYNTON BEACH, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DONALD, OXLEY
Address: 16321 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S (X) Change () Addition
Name: JOHN, MCCANN
Address: 19766 CYPRESS WOOD
City-St-Zip: NORTH FORT MYERS, FL 33903

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE BRACHE

PD

07/11/2005

Electronic Signature of Signing Officer or Director

Date