2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009193

Entity Name: KRM STRATING.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7501 EAST TREASURE DR. 18140 NW 82ND. AVE.

PALM SPRINGS NORTH, FL 33015 NORTH BAY VILLAGE, FL 33141

New Mailing Address: Current Mailing Address:

7501 EAST TREASURE DR. 18140 NW 82ND. AVE

PALM SPRINGS NORTH, FL 33015

NORTH BAY VILLAGE, FL 33141

FEI Number: 16-1652009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARILARI, PABLO E BARILARI, PABLO E 18140 NW 82ND. AVE 7501 EAST TREASURE DR.

PALM SPRINGS NORTH, FL 33015 US

NORTH BAY VILLAGE, FL 33141 US

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: 04/30/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BARILARI, PABLO E BARILARI, PABLO E Name: Name: 7501 EAST TREASURE DR. 18140 NW 82ND. AVE. Address: Address:

City-St-Zip: NORTH BAY VILLAGE, FL 33141 City-St-Zip: PALM SPRINGS NORTH, FL 33015

VD Title: VD (X) Change () Addition Title: () Delete Name: PEREZ. GABRIELA Name: PEREZ, GABRIELA

7501 EAST TREASURE DR. 18140 NW 82ND. AVE Address: Address: NORTH BAY VILLAGE, FL 33141 PALM SPRINGS NORTH, FL 33015 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition SEC () Delete SEC BARILARI, JUAN BARILARI, JUAN Name: Name:

7501 EAST TREASURE DR. 18140 NW 82ND, AVE, Address: Address:

City-St-Zip: NORTH BAY VILLAGE, FL 33141 City-St-Zip: PALM SPRINGS NORTH, FL 33015

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: PABLO E. BARILARI PD 04/30/2005