

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90005 012 ***150.00

DOCUMENT # P03000065778

1. Entity Name
CHROME DYNAMICS INC.



Principal Place of Business
**1313 N. FEDERAL HWY
LAKE WORTH, FL 33460 US**

Mailing Address
**1313 N. FEDERAL HWY
LAKE WORTH, FL 33460 US**

24083480

2. Principal Place of Business
**1140 N.E. 7th Ave
Suite, Apt. #, etc.
#3**

3. Mailing Address
**1140 N.E. 7th Ave
Suite, Apt. #, etc.
#3**



08232004 Chg-P CR2E034 (10/03)

City & State
FT. Lauderdale, FL
Zip **33304** Country **U.S.A.**

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FT. Lauderdale, FL
Zip **33304** Country **U.S.A.**

4. FEI Number
20-0052345
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LEE, ROBERT E III
1313 N. FEDERAL HWY
LAKE WORTH, FL 33460**

7. Name and Address of New Registered Agent
Name **DARIUS MARCHAL**
Street Address (P.O. Box Number is Not Acceptable)
12095 179th CT N
City **Jupiter** FL Zip Code **33478**

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 **Darius Marchal** **DARIUS MARCHAL** President **8-23-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, ROBERT E III 1313 N. FEDERAL HWY LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHAL, DARIUS N 12095 179TH CT NORTH JUPITER, FL 33478 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUEVARRA, LAWRENCE A 23453 COUNTRY CLUB DR E BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Darius Marchal** **7-23-04** **561-253-4452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #