

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90008 011 \*\*\*150.00

<b>DOCUMENT # P03000067869</b>					
<b>1. Entity Name</b> CARROM IRON CORPORATION					
<b>Principal Place of Business</b> 1937 NW 19 AVE MIAMI, FL 33125-1455			<b>Mailing Address</b> 1937 NW 19 AVE MIAMI, FL 33125-1455		
<b>2. Principal Place of Business</b> <i>3067 NW 28 Street</i>		<b>3. Mailing Address</b> <i>3067 NW 28 Street</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Miami FL</i>		<b>City &amp; State</b> <i>Miami FL</i>		<b>4. FEI Number</b> 31-1822566	
<b>Zip</b> <i>33142</i>		<b>Country</b> <i>USA</i>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> ROMERO, CARLOS 1937 NW 19 AVE MIAMI, FL 33125-1455	
<b>7. Name and Address of New Registered Agent</b>				Name Street Address (P.O. Box Number is Not Acceptable) <i>3067 NW 28 Street</i> City <i>Miami</i> <b>FL</b> <b>Zip Code</b> <i>33142</i>	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ROMERO, CARLOS 1937 NW 19 AVE MIAMI, FL 331251455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3067 NW 28 Street</i> <i>Miami FL 33142</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Carlos A Romero</i>			Date <i>2/24/06</i> Daytime Phone # <i>305/634-2322</i>		