2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2005 8:00 am Secretary of State

DOCUMENT # P03000147494 1. Entity Name KROME LAND, INC.							03-22-2005 90014 041 ***150.00				0.00
Principal Place of Business 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134			Mailing Address 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134				20023810				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02252005	Chg-P	CR2E	034 (10/03)	
City & State		ı	City & State			4. FEI Numbe 20-048				plied For t Applicable	
Zip Country			Zip Cour		try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of	Current Regis	tered Agent				7. Name and	Address of New F	Registered	Agent	
JORGE OTERO & ASSOCIATES, P.A. 75 VALENCIA AVENUE SUITE 200 CORAL GARLES EL 33134					Name Street Addre	ess (F	P.O. Box Numbe	er is Not Acceptabl	e)		
CORAL GABLES, FL 33134					City				FL	Zip Cod	8
	named entity submits this stations of registered agent.	atement for the p	ourpose of changing its	register	ed office or reg	gistere	ed agent, or bo	th, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of reg	istered agent and title	if applicable. (NOT	E: Registere	d Agent signature re	equired	when reinstating)	10	DATE		
	E NOW!!! FEE IS \$150 ay 1, 2005 Fee will be		9. Election Campa Trust Fund Cont		ncing	\$5. 0 Adde	00 May Be ed to Fees				
10.	OFFIC	ERS AND DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROSALES, X. FRANCIS 2600 DOUGLAS ROAD, CORAL GABLES, FL 33	CO PH-5	☐ Delete	TITU NAM STRE	i					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHTY-ST-2IP	VS LEVITT, STEVEN T 2600 DOUGLAS ROAD, MIAMI, FL 33134	PH-5	☐ Delete		E ET ADDRESS	cor	AL GABLI	ES, FL 331	34	∑ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
12. I hereby indicated	certify that the information sup on this report or supplement	oplied with this f al report is true :	iling does not qualify fo and accurate and that	r the exe my signa	mption stated ture shall have	in Se	ction 119.07(3) same legal effec	(i), Florida Statutes. ot as if made under	I further ce oath; that I	ertify that the in am an officer	nformation or director

X. FRANCISCO ROSALES

2/25/05

(305)461-2142

Date Daytime Phone #