

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000147494

1. Entity Name
KROME LAND, INC.



Principal Place of Business
**2600 DOUGLAS ROAD, PH-5
CORAL GABLES, FL 33134**

Mailing Address
**2600 DOUGLAS ROAD, PH-5
CORAL GABLES, FL 33134**



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0487414

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JORGE OTERO & ASSOCIATES, P.A.
75 VALENCIA AVENUE
SUITE 200
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000488464
04/17/06-80008-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE	OPT
NAME	ROSALES, X. FRANCISCO
STREET ADDRESS	2600 DOUGLAS ROAD, PH-5
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VS
NAME	LEVITT, STEVEN T
STREET ADDRESS	2600 DOUGLAS ROAD, PH-5
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X. FRANCISCO ROSALES

2/22/06

(305)461-2142

Date

Daytime Phone #