


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P03000147494**  
 1. Entry 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 reinstating 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 NAME STREET ADDRESS CITY-ST-ZIP	OPT ROSALES, X. FRANCISCO 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEVITT, STEVEN T 2600 DOUGLAS ROAD, PH-5 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, in all other filings empowered

**SIGNATURE:**  **X. FRANCISCO ROSALES** **2/22/06** **(305)461-2142**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #