
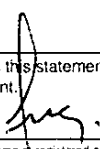
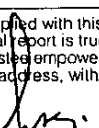


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90069 023 ***150.00

DOCUMENT # P05000008403 1. Entity Name CHROMA DIGITAL CORP			
Principal Place of Business 9805 SW 118 COURT MIAMI, FL 33186 US		Mailing Address 9805 SW 118 COURT MIAMI, FL 33186 US	
2. Principal Place of Business - No P.O. Box # 6996 NW 42nd STREET Suite, Apt. #, etc.		3. Mailing Address 6996 NW 42nd STREET Suite, Apt. #, etc.	
City & State MIAMI FLORIDA Zip Country 33166 USA		City & State MIAMI FLORIDA Zip Country 33166 USA	
4. FEI Number 20-2176224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOLEDO, SERGIO R 9805 SW 118 COURT MIAMI, FL 33186		7. Name and Address of New Registered Agent Name TOLEDO, SERGIO R. Street Address (P.O. Box Number is Not Acceptable) 6996 NW 42nd STREET City MIAMI State FL Zip Code 33166	
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:  SERGIO R. TOLEDO DATE: 01/25/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES NAME TOLEDO, SERGIO R STREET ADDRESS 9805 SW 118 COURT CITY-ST-ZIP MIAMI, FL 33186	<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
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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
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: 		Date: 01/25/07 Daytime Phone #: 305-471-8145	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SERGIO R. TOLEDO, PRESIDENT			