

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000008934

1. Entity Name
PSYCHOCHROME INC.



Principal Place of Business
2031 SW 70TH AVE C-12
DAVIE, FL 33317

Mailing Address
2031 SW 70TH AVE C-12
DAVIE, FL 33317

2. Principal Place of Business
14630 SW 35 CT

3. Mailing Address
14630 SW 35 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR FL

City & State
MIRAMAR FL

Zip
33027

Zip
33027

Country

Country

02012006 Chg-P CR2E034 (11/05) *dp*

4. FEI Number
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POLANCO, GONZALO
14630 SW 35 COURT
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL Zip Code

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
BOZZO-POLANCO, LUISA E
14630 SW 35 COURT
MIRAMAR, FL 33027

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

POLANCO, GONZALO

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*S/T
HEATEER, ERIKA
14630 SW 35 CT
MIRAMAR, FL 33027*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*7000066554537
02/24/06--01013--017 **150.00*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Gonzalo Polanco*

GONZALO POLANCO- PRES 02/01/06 (754) 214-8353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 FEB -6 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA