


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90317 016 ***150.00

DOCUMENT # P05000025778	
1. Entity Name KRON CHOCOLATIER, INC.	

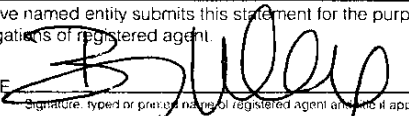
Principal Place of Business 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES FL 33134	Mailing Address 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



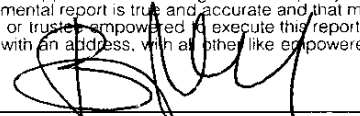
1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent SILVERMAN, ADAM J 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Barney Weinkle Street Address (P.O. Box Number is Not Acceptable) 718 Diplomat Parkway City Hallendale FL Zip Code 33009
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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 	DATE 4/17/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	D WEINKLE, BARNEY 2408 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President Weinkle, Barney 718 Diplomat Pkwy Hallendale, FL 33009
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	
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	
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 Section 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 Barney Weinkle PRESIDENT Date 4/17/06 Daytime Phone # 954 926-0481