

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90018 044 \*\*\*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



2. Principal Place of Business - No P.O. Box #

19575 Biscayne Blvd.

3. Mailing Address

1040 S. Federal Hwy

Suite, Apt. #, etc.

Suite 1711

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Aventura, FL

City & State

Hollywood FL

4. FEI Number

20-2611764

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33020

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINKLE, BARNEY  
718 DIPLOMAT PKWY  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Barney Weinkle

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

1040 S. Federal Hwy

City

Hollywood

FL

Zip Code

33020

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

Barney Weinkle

4/26/07

FILE NOW! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME WEINKLE, BARNEY ☐ Delete  
STREET ADDRESS 718 DIPLOMAT PKWY  
CITY-STATE-ZIP HALLANDALE FL 33009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Barney Weinkle  
STREET ADDRESS 1040 S. Federal Hwy  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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 4/26/07 934 926-0481

Date

Daytime Phone