

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90042 012 ***150.00

DOCUMENT # P05000050479

1. Entity Name
L&S KROME PROPERTY, INC.



Principal Place of Business
**18270 SW 288 ST
HOMESTEAD, FL 33030**

Mailing Address
**18270 SW 288 ST
HOMESTEAD, FL 33030**



2. Principal Place of Business

19285 SW 272 ST

Suite, Apt. #, etc.

3. Mailing Address

19285 SW 272 ST

Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State

Homestead, FL

Zip
33031

Country
US

City & State

Homestead FL

Zip
33031

Country
US

4. FEI Number

20-2635124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOSNER, STEVEN D
65 NW 16TH ST
HOMESTEAD, FL 33030**

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
**D
FINOCCHIARO, SALVATORE C
18270 SW 288 ST
HOMESTEAD, FL 33030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TALARICO, LEONARD
18270 SW 288 ST
HOMESTEAD, FL 33030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Leonard Talarico
19285 SW 272 St.
Homestead, FL 33031** ☒ Change ☐ Addition

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

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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:

Leonard Talarico **Leonard Talarico** **1/26-06** **(305) 753-2375**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #