2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90033 001 ***100.00
02-22-2008 90033 002 ****50.00

DOCUMENT # P07000007353

1. Entity Name
CRODON, INC.

b6UU1481

Principal Place of Business	Mailing Address
11767 S. DIXIE HIGHWAY #429 MIAMI, FL 33156 US	11767 S. DIXIE HIGHWAY #429 MIAMI, FL 33156 US

01302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 11767 S Dixie Hwy
3. Mailing Address Same
Suite, Apt. #, etc. # 429
Suite, Apt. #, etc.
City & State Miami
City & State
Zip FL Country 33173
Zip Country

4. FEI Number 20-8252-887 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONNELLY, MARK P
10900 SW 105 AVENUE
MIAMI, FL 33176

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] 2-17-08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONNELLY, MARK P 10900 SW 105 AVENUE MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROUSE, ROGER 22975 SW 182 AVENYE MIAMI, FL 33170	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 2-17-08 305-794-7499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #