2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P0700021806 1. Entity Name MICHAEL J. KRONES P.A.					04-28-2008 90405 032 ***150.00			
Principal Place 2701 NE 251 BOCA RATON	TH TERRACE	Mailing Address 2701 NE 25TH TERRACE BOCA RATON, FL 33431						
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address			_			
Suite. Apt. #. etc		Suite, Apt. #, etc			-			
		City & State		04242008	Chg-P	CR2E034 (12/06)	pplied For	
City & State		City & State		4. FEI Numbe	64609		ot Applicable	
Zip	Country .	Country . Zip Cou		try	5. Certificate	of Status Desired	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
AUERBACHER, STEVEN M ESQ 200 CONGRESS PARK DRIVE SUITE 104 DELRAY BEACH, FL 33445				Street Address (P.O. Box Number is Not Acceptable)				
				Silee(Address (F.O. Box Number is Not Addeptable)				
				City			E1 Zip Coo	de
The above named entity submits this statement for the purpose of changing its registers.						h in the Photo of Flo	<u> </u>	
	named entity submits this statement to ions of registered agent.	for the purpose of changing if	is registeri	ed office of registr	ered agent, or bot	n, in the state of Fic	nica, Tannaniliai wili	i, and accept
SIGNATURÉ	Signature, typed or printed name of registered ager	n out tile il semicable INC	TE Rooslere	d Agent signature require	ed when reinstating)	·	DATE	
	Signature, types or printed there or egistered age-					•		· · · · · · ·
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	T 45-40-	Slection Campaign Financ Trust Fund Contribution.		5.00 May Be ided to Fees		,	
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE NAME	DPS KRONES, MICHAEL J	Delete	THTLI				☐ Change	Addition .
STREET ADDRESS	2701 NE 25TH TERRACE		STRE	EET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33431	□ Delate	CITY	-ST-ZIP			Change	☐ Addition
TITLE NAME		☐ Delete	NAM				dhange	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP	•			
TITLE		Delete	TITL				☐ Change	Addition
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CITY-ST-ZIP				r-ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
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TITLE		☐ Delete	TITL				Change	Addition
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP	-			Y-ST-ZIP	<u>. </u>		Change	Addition
TITLE NAME .		☐ Delete	TITU NAK	}			change	L Accinion
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	certify that the information supplied w	ith this filling does not qualify	for the ex	Y-ST-ZIP	ned in Chapter 119). Florida Statutes	I further certify that the	information
12. Increby	certity that the information supplied w I on this report or supplemental repor	tie true and accurate and tha	t mu einne	ature shall have th	e same legal effe	t as if made under	oath: that I am an offic	er or director

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

KRONES

SIGNATURE:

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phon