

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066828

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** CRONOS SOLUTIONS SERVICIO AL INMIGRANTE, INC.

**Current Principal Place of Business:**

27455 SOUTH DIXIE HIGHWAY  
#178  
CORAL GABLES, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 145295  
CORAL GABLES, FL 33114

**New Mailing Address:**

**FEI Number:** 26-3794137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BETSY, OSPINO  
5660 NW 116 AVENUE  
APT 202  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OSPINO, BETSY  
Address: 5660 NW 116 AVENUE, APT 202  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** BETSY OSPINO

PRES

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date