

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90040 032 \*\*\*150.00

**DOCUMENT # P93000057059**

1. Entity Name  
**CROMWELL CORPORATION**



Principal Place of Business  
**8125 H1 MONTARY DR  
RIVIERA BEACH, FL 33404 US**

Mailing Address  
**8125 H1 MONTARY DRIVE  
RIVIERA BEACH, FL 33404 US**



01192007 No Chg-P CR2E034 (11/05)

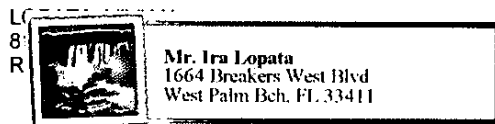
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4. FEI Number  
**65-0436007**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**



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IN THIS SPACE**

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 **IRA LOPATA, CEO**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LOPATA, VIVIAN
STREET ADDRESS	8125- H1 MONTARY DRIVE
CITY-ST-ZIP	RIVIERA BEACH, FL
TITLE	
NAME	<b>Mr. Ira Lopata</b>
STREET ADDRESS	1664 Breakers West Blvd
CITY-ST-ZIP	West Palm Beh, FL 33411
TITLE	
NAME	MURRAY, ROBERT
STREET ADDRESS	8125 H-1 MONETARY DRIVE
CITY-ST-ZIP	RIVIERA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: **IRA LOPATA, CEO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #