


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90068 010 ***150.00

DOCUMENT # P95000073239					
1. Entity Name KROS HOLDINGS, INC.					
Principal Place of Business 6202 SW 152 ST MIAMI, FL 33157 US			Mailing Address 13015 SW 89 PL STE 301 MIAMI, FL 33176 US		
2. Principal Place of Business - No P.O. Box # 8925 SW 148TH ST		3. Mailing Address 13015 SW 89 PL			
Suite, Apt. #, etc. #200		Suite, Apt. #, etc. #301			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33176		Country USA		Zip 33176	
Country USA		Country USA			
6. Name and Address of Current Registered Agent PLOUCHA, L. M ATKINSON, DINER, STONE & MANKUTA. P.A 100 S.E. 3RD AVENUE - SUITE 1400 FT. LAUDERDALE, FL 33394			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 _____ (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. <input type="checkbox"/> \$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	PRES BAJOS, ORLANDO L 13015 SW 89 PL STE 301 MIAMI, FL 33176		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # 305/259-4000	

20007967



03072007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0614336

Applied For
Not Applicable

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