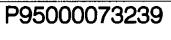
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (DBR)

## DOCUMENT #

1. Entity Name KROS HOLDINGS, INC.





**FILED** Jun 23, 2003 8:00 am Secretary of State 06-23-2003 90061 050 \*\*\*558.75

							7					
Principal Place of Business 6292 SW 152 ST MIAMI FL 33157 US			13015 STE 3	Mailing Address 13015 SW 89 PL STE 301 MIAMI FL 33176 US								
2. Principal Place of Business			3. Mai	3. Mailing Address				7		18 FILLS (1898	, INTERIOR	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-0614336			Applied For Not Applicable	
Żip Country		Country	Žip	Zip		Country 5		Certificate of Status Desired		8.75 Ad ee Require		]
	6. Name	and Address of Curre	nt Register	ed Agent	· · · · · · · ·		7.7	Name and Address of New Regis	tered Ag	jent 🖘 🦳	==	]-,
						Name		•				ļ
PLOUCHA, L. M ATKINSON, DINER, STONE & MANKUTA. P.A						Street Addres	s (P.O. E	Box Number is Not Acceptable)				
1946 TYLE	R STREET											
HOLLYWOOD FL 33022-2088					City				FL	Zip Cod	je	]
	named entil tions of regis		t for the purp	ose of changing it	s registere	ed office or regis	tered ag	ent, or both, in the State of Florida	. I am fa	miliar with	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	dicable. (NC	TE: Registere	d Agent signature requ	ired when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of S				State				Election Campaign Financ Trust Fund Contribution.	ing 🗆		<b>00</b> May Be d to Fees	
10. OFFICERS AND DIRECTORS					11.		ΑC	L ODITIONS/CHANGES TO OFFICER	RS AND I	DIRECTOR	RS IN 11	1
TITLE.	P Delete					E E ET ADDRESS -ST-ZIP				Change	Addition	E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					·	☐ Change	Addition	CRO
TITLE NAME STREET ADDRESS CITY-ST-ZIP		िराक्षा भने ।		C Delete					. !	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Oelete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	CITY	E EET ADDRESS -ST-ZIP				Change	Addition	
12. I hereby of indicated	certify that the on this repo	e information supplied v rt or supplemental repor	vith this filing t is true and	does not qualify f accurate and that	or the exe my signal	mption stated in ture shall have th	Section e same	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath;	ner certif that I an	y that the	ntormation r or director	

**SIGNATURE:**