

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90012 004 \*\*\*150.00

**DOCUMENT # P96000061933**

1. Entity Name  
**CHROAN INC.**



Principal Place of Business  
**1701 SOUTH OCEAN DRIVE  
APT 106  
HOLLYWOOD, FL 33019-2407 US**

Mailing Address  
**1701 SOUTH OCEAN DRIVE  
APT 106 C/O CHRISTINE O CHRISTIE  
HOLLYWOOD, FL 33019-2407 US**

**44007289**

2. Principal Place of Business  
**11098 Lake Aire Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**11098 Lake Aire Circle**  
Suite, Apt. #, etc.

01292004 Chg-P CR2E034 (10/03)

City & State  
**Boca Raton FL**  
Zip  
**33498** Country  
**Palm Beach**

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**Boca Raton FL**  
Zip  
**33498** Country  
**Palm Beach**

4. FEI Number  
**65-0690491** Applied For  
Not Applicable

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

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

**GARELLEK, STEVEN  
7000 WEST PALMETTO PARK ROAD STE 400  
BOCA RATON, FL 33433**

**7. Name and Address of New Registered Agent**

Name  
**Nick Derasmo**  
Street Address (P.O. Box Number is Not Acceptable)  
**11098 Lake Aire Circle**  
City  
**Boca Raton FL** Zip Code  
**33498**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHRISTIE, CHRISTENE</b>	
STREET ADDRESS	<b>1701 S OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CRISTIE, ANDREA</b>	
STREET ADDRESS	<b>1701 S OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PST O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DERASMO, NICK</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #