


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000108080  
 1. Entity Name  
 U.S. KROME HOLDING, INC.



Principal Place of Business 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33131 US	Mailing Address 1110 BRICKELL AVENUE PENTHOUSE ONE MIAMI, FL 33131 US
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01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0806280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SILVER, SCOTT A  
 1110 BRICKELL AVE  
 PENTHOUSE ONE  
 MIAMI, FL 33131

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVER, SCOTT A 1110 BRICKELL AVENUE - PH ONE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GARVETT, FREDRIC M 1110 BRICKELL AVENUE - PH ONE MIAMI, FL 33131
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U00000212381  
 02/03/05-80028-003 150.00

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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: Scott A. Silver Date: 1/24/05 Daytime Phone #: 305/377-8802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR