
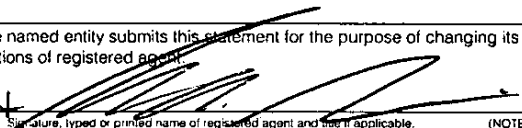



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90273 037 \*\*\*150.00

<b>DOCUMENT # P97000108080</b>					
<b>1. Entity Name</b> <b>U.S. KROME HOLDING, INC.</b>					
<b>Principal Place of Business</b> <b>1110 BRICKELL AVENUE</b> <b>PENTHOUSE ONE</b> <b>MIAMI, FL 33131 US</b>			<b>Mailing Address</b> <b>1110 BRICKELL AVENUE</b> <b>PENTHOUSE ONE</b> <b>MIAMI, FL 33131 US</b>		
<b>2. Principal Place of Business</b> <b>18001 Old Cutler Road</b>		<b>3. Mailing Address</b> <b>same</b>			
Suite, Apt. #, etc. <b>Suite 600</b>		Suite, Apt. #, etc.			
City & State <b>Miami, Florida</b>		City & State		<b>4. FEI Number</b> <b>65-0806280</b>	
Zip <b>33157</b>		Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SILVER, SCOTT A</b> <b>1110 BRICKELL AVE</b> <b>PENTHOUSE ONE</b> <b>MIAMI, FL 33131</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable) <b>18001 Old Cutler Road</b>  Suite 600  City <b>Miami, Florida</b> <b>FL</b> Zip Code <b>33157</b>		
<b>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.</b>					
SIGNATURE 				DATE <b>03/07/06</b>	
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVER, SCOTT A 1110 BRICKELL AVENUE - PHONE MIAMI, FL 33131 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GARVETT, FREDRIC M 1110 BRICKELL AVENUE - PHONE MIAMI, FL 33131 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18001 Old Cutler Road Suite 600 Miami, Florida 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18001 Old Cutler Road Miami, Florida 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b>  <b>(Scott A. Silver P/D)</b> <b>03/07/06</b> <b>305/377-8802</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					