

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90065 038 ***150.00

DOCUMENT # S93494 1. Entity Name CHROMEWORKS INC.			
Principal Place of Business 2750 NORTH 29 AVE. SUITE 310 HOLLYWOOD, FL 33020		Mailing Address 2750 NORTH 29 AVE. SUITE 310 HOLLYWOOD, FL 33020	
2. Principal Place of Business 2750 N. 24th Ave Suite, Apt. #, etc. Suite 315		3. Mailing Address 2750 N. 24th Ave Suite, Apt. #, etc. Suite 315	
City & State Hollywood FL Zip 33020 Country USA		City & State Hollywood FL Zip 33020 Country USA	
4. FEI Number 65-0301348		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSSMAN, ALEX 2750 NORTH 29 AVE. SUITE 310 315 HOLLYWOOD, FL 33020		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 <u>Miriam Grossman</u> MIRIAM GROSSMAN SecT. 4-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D GROSSMAN, ALEX 4710 SW 57 AVE. DAVIE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSMAN, MIRIAM 4710 SW 57 AVE. DAVIE, FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Miriam Grossman</u> MIRIAM GROSSMAN 4-12-05 954-920-9600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		Sec/T.	