

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 22, 2004
Secretary of State**

DOCUMENT# 719062

Entity Name: CHIPPER, INC.

Current Principal Place of Business:

1040 CRYSTAL LAKE DR.
APT 2
POMPANO BCH., FL 33064 US

New Principal Place of Business:

Current Mailing Address:

1040 CRYSTAL LAKE DR.
APT 2
POMPANO BCH., FL 33064 US

New Mailing Address:

FEI Number: 65-0132258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALBUQUERQUE, MARIA C
1040 CRYSTAL LAKE DR.
APT 2
POMPANO BCH., FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ALBUQUERQUE, MARIA
Address: 1040 CRYSTAL LAKE DR, #2
City-St-Zip: POMPANO BCH., FL 33064

Title: VSD () Delete
Name: ALBUQUERQUE, JURANDIR
Address: 1040 CRYSTAL LAKE DR, #2
City-St-Zip: POMPANO BCH., FL 33064

Title: TD () Delete
Name: ALBUQUERQUE, JENNIFER
Address: 1040 CRYSTAL LAKE DR, #3
City-St-Zip: POMPANO BCH., FL 33064

Title: S () Delete
Name: FORNARO, LUIZ
Address: 1040 CRYSTAL LK DR #3
City-St-Zip: POMPANO BCH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C. ALBUQUERQUE

PTD

07/22/2004

Electronic Signature of Signing Officer or Director

Date