

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90179 039 ****61.25

DOCUMENT # 719062

1. Entity Name
CHIPPER, INC.



Principal Place of Business
**1040 CRYSTAL LAKE DR.
APT 2
POMPANO BCH. FL 33064
US**

Mailing Address
**1040 CRYSTAL LAKE DR.
APT 2
POMPANO BCH. FL 33064
US**

2. Principal Place of Business
SAME
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0132258**
Applied For
Not Applicable

Zip Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ALBUQUERQUE, MARIA C
1040 CRYSTAL LAKE DR.
APT 2
POMPANO BCH. FL 33064**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
SC
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALBUQUERQUE, MARIA	
STREET ADDRESS	1040 CRYSTAL LAKE DR, #2	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALBUQUERQUE, JURANDIR	
STREET ADDRESS	1040 CRYSTAL LAKE DR, #2	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALBUQUERQUE, JENNIFER	
STREET ADDRESS	1040 CRYSTAL LAKE DR, #3	
CITY-ST-ZIP	POMPANO BCH. FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	FORNARO, LUIZ	
STREET ADDRESS	1040 CRYSTAL LK DR #3	
CITY-ST-ZIP	POMPANO BCH FL 33064	
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 10		
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 617, 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: *Maria Albuquerque* **8/30/03 9547860560**

CR2E037 (4/03)