


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90172 026 ***150.00

DOCUMENT # P0000094725 1. Entity Name CHIMKO U.S. CORPORATION	
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80116421

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11501 NW 4th STR Suite, Apt. #, etc.	3. Mailing Address 11501 NW 4th STR Suite, Apt. #, etc.
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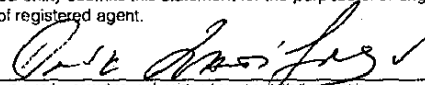
DO NOT WRITE IN THIS SPACE

City & State PLANTATION, FL	City & State PLANTATION, FL	4. FEI Number 65-1046286	Applied For <input type="checkbox"/> Not Applicable
Zip 33325	Country USA	Zip 33325	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Onik Latifian
Street Address (P.O. Box Number is Not Acceptable)	6010 S. Falls Cr. Dr. # 405
City	Lauderhill
State	FL
Zip Code	33319

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.

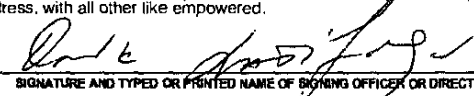
SIGNATURE  DATE **04/30/03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dimitrova, Vesselka 8 Bialo Pole, Sofia, Bulgaria	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dimitrov, Valentin 8 Bialo Pole, Sofia, Bulgaria	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Makariev, Martin 1517 Belovodsky Put, Sofia, Bulgaria	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/30/03** (954) 382-8991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)