## 2005 FOR PROFIT CORPORATION

## May 04, 2005 8:00 am Secretary of State ANNUAL REPORT 05-04-2005 90120 009 \*\*\*150.00 **DOCUMENT # P00000115413** CHASE ENTERPRISES OF MIAMI INC. Principal Place of Business Mailing Address 710 WASHINGTON AVENUE 710 WASHINGTON AVENUE CU-10 CU-10 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 04302005 CB2F034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1062786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIBAL, HELAL DO NOT WRITE 710 WASHINGTON AVE. BLDG, CU-10 IN THIS SPACE MIAMI BEACH, FL 33139 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BAHJAT-SIBAI, BABRIEH NAME 710 WASHINGTON AVE., BLDG. CU-10 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE SIBAI, ABDUL K NAME STREET ADDRESS 710 WASHINGTON AVE., BLDG. CU-10 MIAMI BEACH, FL 33139 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED