
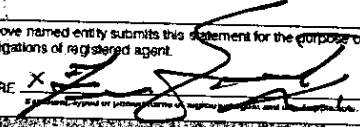
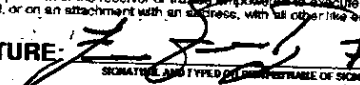


03-07-2003 90138 011 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10033292

DOCUMENT # P01000050601		
1. Entity Name CHAPALIX CORP.		
Principal Place of Business 10906 NW 62ND CT. PARKLAND, FL 33076		Mailing Address 10906 NW 62ND CT. PARKLAND, FL 33076
2. Principal Place of Business 8159 NW 88th Ave Suite, Apt. #, etc.		3. Mailing Address 8159 Suite, Apt. #, etc.
City & State TAMARAC FL		City & State TAMARAC FL
Zip 33321-1743 County Brow.		Zip 33321-1743 County Brow.
4. FEI Number 65-1105838		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 CHAUX, JULIO 10906 NW 62ND CT. PARKLAND, FL 33076		7. Name and Address of New Registered Agent Name FERNANDO GUERRERO Street Address (R.O. Box Number is not Acceptable) 16091 NW 21st Street City Pembroke Pines FL Zip Code 33028
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 03-05-03		
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 P	NAME CHAUX, JULIO <input checked="" type="checkbox"/> Delete	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10906 NW 62 CT	CITY-ST-ZIP PARKLAND, FL 33076	STREET ADDRESS FERNANDO GUERRERO
		CITY-ST-ZIP 16091 NW 21st Pembroke Pines FL 33028
TITLE	NAME <input type="checkbox"/> Delete	TITLE Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS MARIAN CORREAL
		CITY-ST-ZIP 101 NW 108 TERRACE 303 FL 33026
TITLE	NAME <input type="checkbox"/> Delete	TITLE Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS YALILA ORDONEZ
		CITY-ST-ZIP 16091 NW 21ST Pembroke Pines FL 33028
TITLE	NAME <input type="checkbox"/> Delete	TITLE N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS N/A
		CITY-ST-ZIP N/A
TITLE	NAME <input type="checkbox"/> Delete	TITLE N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS N/A
		CITY-ST-ZIP N/A
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 full other/like empowered.		
SIGNATURE:  Fernando Guerrero		DATE 03-05-03