

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90023 007 ***150.00

DOCUMENT # P01000097873
 1. Entity Name
 C. H. FERRARI, INC.



50064444



07212005 Chg-P CR2E034 (10/03)

Principal Place of Business
~~3628 DUNES VISTA DRIVE~~
~~POMPAHO BEACH, FL 33069~~

Mailing Address
~~7777 GLADES RD~~
~~200~~
~~BOCA RATON, FL 33434~~

2. Principal Place of Business
 319 SW 14 AVE
 Suite, Apt. #, etc.

3. Mailing Address
 319 SW 14 AVE
 Suite, Apt. #, etc.

City & State
 Pompano Bch FL Pompano Bch FL

Zip
 33069 33069

Country
 US US

4. FEI Number
 65-1140396

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MAHONEY, ROBERT F CPA
 7777 GLADES RD
 BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRARI, CHARLES	
STREET ADDRESS	3628 DUNES VISTA DRIVE	
CITY-ST-ZIP	POMPAHO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

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 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 Charles Ferrari **CHARLES FERRARI** 7/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
SD 064444

C.H. FERRARI, INC.
319 SW 14th Avenue
Pompano Beach, FL 33069

July 20, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

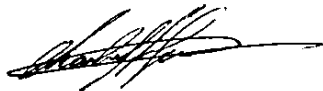
RE: C.H. Ferrari, Inc.
P01000097873

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the above noted corporation. Please be advised that we did not receive the UBR. Also enclosed is a check in the amount of \$150.

Thank you.

Very truly yours,



Charles Ferrari
President