

**2005 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

**DOCUMENT # P02000039552**

1. Entity Name

**CHAKRAS, INC.**

Principal Place of Business <b>c/o Jose A. Rodriguez, Esq.</b>	Mailing Address <b>c/o Jose A. Rodriguez, Esq.</b>
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2. Principal Place of Business <b>100 SE 2<sup>nd</sup> Street</b>	3. Mailing Address <b>100 SE 2<sup>nd</sup> Street</b>
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Suite, Apt. #, etc. <b>Suite 2900</b>	Suite, Apt. #, etc. <b>Suite 2900</b>
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City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33131</b>	Country <b>US</b>	Zip <b>33131</b>	Country <b>US</b>
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4. FEI Number <b>20-0585758</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

66010260

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name <b>Jose A. Rodriguez, Esq.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>100 S.E. Second Street</b>	
Suite 2900	
City <b>Miami</b>	FL Zip <b>33131</b>

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.

SIGNATURE 4/11/05  
DATE

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

FEE IS \$150.00 DUE BY MAY 1, 2005		Make Check Payable to Florida Department of State
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9. MANAGING MEMBERS/ MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>Moyano, Francisco J</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/>
	<b>DVPT</b> <b>Remonda, Celia Maria</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/>
	<b>VP</b> <b>Miguel Remonda, Carolina De</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/>
	<b>VP</b> <b>Miguel Remonda, Mariana De</b> <b>150 Alhambra Circle, Suite 1270</b> <b>Coral Gables, FL 33134</b>	<input type="checkbox"/>
		<input type="checkbox"/>

10. ADDITIONS/ CHANGES		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>Moyano, Francisco J</b> <b>100 SE 2<sup>nd</sup> Street, Suite 2900</b> <b>Miami, FL 33131</b>	<input checked="" type="checkbox"/>
	<b>DVPT</b> <b>Remonda, Celia Maria</b> <b>100 SE 2<sup>nd</sup> Street, Suite 2900</b> <b>Miami, FL 33131</b>	<input checked="" type="checkbox"/>
	<b>VP</b> <b>De Miguel Remonda, Carolina</b> <b>100 SE 2<sup>nd</sup> Street, Suite 2900</b> <b>Miami, FL 33131</b>	<input checked="" type="checkbox"/>
	<b>VP</b> <b>De Miguel Remonda, Mariana</b> <b>100 SE 2<sup>nd</sup> Street, Suite 2900</b> <b>Miami, FL 33131</b>	<input checked="" type="checkbox"/>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE 4.11.05 305-423-3426  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE