

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059722

FILED
Mar 05, 2008
Secretary of State

Entity Name: CHESTER PRODUCTIONS, INC.

Current Principal Place of Business:

6356 NW 82 AVENUE
MIAMI, FL 33166

New Principal Place of Business:

3136 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

Current Mailing Address:

PO BOX 402692
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 02-0608115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, KAREN S
6356 NW 82 AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

CAMPBELL, KAREN S
3136 PRAIRIE AVENUE
MIAMI BEACH, FL 33140 US

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: KAREN CAMPBELL

03/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAMPBELL, KAREN S
Address: PO BOX 402692
City-St-Zip: MIAMI BEACH, FL 33140

Title: DV () Delete
Name: LLANOS, JOSE F
Address: PO BOX 402692
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN CAMPBELL

DP

03/05/2008

Electronic Signature of Signing Officer or Director

Date