

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064313

Entity Name: CHAOS ENTERPRISES, INC.

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

110 LAKE EMERALD DR #403
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

110 LAKE EMERALD DR #403
OAKLAND PARK, FL 33309

New Mailing Address:

3445 N.W. 44TH STREET
FORT LAUDERDALE, FL 33309

FEI Number: 58-2672592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ANTHONY F JR
3275 W HILLSBORO BLVD, #207
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PASTORE, MONIQUE
Address: 110 LAKE EMERALD DR #403
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PASTORE, MONIQUE
Address: 3445 N.W. 44TH STREET # 203
City-St-Zip: FORT LAUDERDALE, FL 33309

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: MONIQUE PASTORE

PRE

05/21/2007

Electronic Signature of Signing Officer or Director

Date