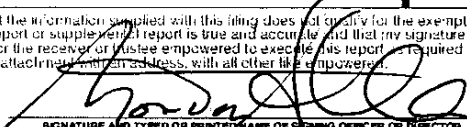


FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90002 021 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000069805		
1. Entity Name CHIGABUMP INC		
Principal Place of Business 1748 COSTA DEL SOL BOCA RATON, FL 33432		Mailing Address 4100 NE 30TH AVE. LIGHTHOUSE POINT, FL 33064
2. Principal Place of Business 4100 NE 30 Ave		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Lighthouse Point		City & State
Zip 33064		Country
4. FCI Number NOT APPLICABLE		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROY, DAVID R ESQ. 4209 N. FEDERAL HWY. POMPANO BEACH, FL 33064		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY, ST, ZIP	PST SHAVELL, MORTON 4100 NE 30TH AVE. LIGHTHOUSE POINT, FL 33064 ☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
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NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	NAME STREET ADDRESS CITY, ST, ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplement 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, if any, with all other like empowerment.		
SIGNATURE:  Morty Shavell		Date 1-5-05 Daytime Phone # 954 785 5027