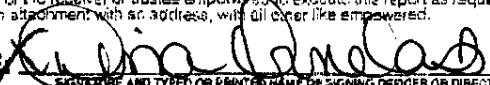


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90302 005 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000075295					
1. Entity Name CHS MANAGEMENT, INC.					
Principal Place of Business 1111 SW 25TH AVE BOYNTON BEACH, FL 33426 US			Mailing Address 1111 SW 25TH AVE BOYNTON BEACH, FL 33426 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 83-0305322	
5. Name and Address of Current Registered Agent BISHOP, JOHN 5837 PACIFIC BLVD #2904 BOCA RATON, FL 33433				7. Name and Address of New Registered Agent	
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.				Applied For ☐ Not Applicable	
SIGNATURE _____				6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 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 '1		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PD ORNELAS, DINA	1111 SW 25TH AVENUE	BOYNTON BEACH, FL 33426		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(b), 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 purchaser or trustee empowered to execute this report as required by Chapter 507, 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 			4/29/04 5615773400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		