


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90008 038 ***150.00

DOCUMENT # P03000091561			
1. Entity Name CHIMPP CORPORATION			
Principal Place of Business 1630 VICTORIA POINTE CIRCLE WESTON, FL 33327 US		Mailing Address 1630 VICTORIA POINTE CIRCLE WESTON, FL 33327 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06302004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0178068** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SARAFAN, RICHARD ESQ. BANK OF AMERICA TOWER 100 S.E. 2ND STREET, SUITE 3600 MIAMI, FL 33131		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERSONIVS, JAMES M <small>(INCORRECT SPELLING)</small> <input type="checkbox"/> Delete 1630 VICTORIA POINTE CIRCLE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERSONIVS JAMES M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERSONIVS, HANNA L <small>(INCORRECT SPELLING)</small> <input type="checkbox"/> Delete 1630 VICTORIA POINTE CIRCLE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERSONIVS HANNA L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 with an address, with all other like empowered.

SIGNATURE:  **JAMES M PERSONIVS** **6-30-04** **954-384-0737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #