## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jun 01, 2004 8:00 am Secretary of State

CHASE CAPITAL GROUP, INC.    Principal Place of Business   1501 A.N. STATE ROAD 7   1501 A.N. ST	DOCUI	MENT # P030001259 ''	05-03-2004	91220 011	***150.00	O				
1501 A N. STATE ROAD 7   HOLLYWOOD FL 33021   Hollywood Flat Address   Suite, Apt. #, etc.	CHASE C	APITAL GROUP, INC.								
2. Principal Place of Business   3. Making Address   Solle, Apil #, clic.   Suite. Apil #, etc.   MOORE   CR26034 (11/03)   City & State   4. FEI Number   GR26034 (11/03)   Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fire Required   B. Name and Address of Current Registrates Agent   Name   Name   State of Status Desired   \$8.75 Additional Fire Required   Sulfit 2022   S. Certificate of Status Desired   \$8.75 Additional Fire Required   State State   State S	Principal Place	e of Business	Mailing Address		<u>-</u>	CCAREARA				
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Zip Country   3.2OO91448	·	<u></u>				MOORE CR2E034 (11/03)				
Sull American and Address of Current Registered Agent    Name and Address of Current Registered Agent   Name	City & State	e ;	City & State	City & State		32-009	1648			
### Company of present agent and Address of Current Registered Agent  ### WILLIAMS, KENNETH H ### 3333 W.COMMERCIAL-BLVD: SUITE 202 FT. LAUDERDALE FL 33309    City   FL   Zip Code    City   FL   Zip Code   C	Zip	Country	Zip	Counti	ry					
WILLIAMS, KENNETH H  3333*W.COMMERCIAL-BLVD: SUITE 202 FT. LAUDERDALE FL 33309  City FL Zip Code  City		6. Name and Address of Curren	t Registered Agent			7. Name and Address of N	ew Registered	<del></del>		
SUPPLY CONTINUES AND DIRECTORS IN 1.  SIGNATURE  PRATT, CHRISTOPHER J  OPPICER AND DIRECTORS  TILE  TILE  PRATT, CHRISTOPHER J  OPPICER AND DIRECTORS  TILE  TILE  PRATT, CHRISTOPHER J  OPPICER AND DIRECTORS  TILE	\A/II	IIAMO KENNETHIL	• • • •		Name -				· <del>-</del>	
B. The above named entity submits his statement, for the purpose of changing its registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent.  SIGNATURE  Signat	333:	3 W.COMMERCIAL BLVD.	ماند المادية <del>مناهمات الميان بالمان المان</del>		Street Address (P.O. Box Number is Not Acceptable)					
B. 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  SOURMAN Typed or private came of ingustered agent are titled registered. (POEE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SOURMAN Typed or private came of ingustered agent are titled registered. (POEE Registered office agent inguster (registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  SIGNATURE  STATE NOW; 12:2004 Feee will be \$550.00  STATE ADDRESS TO OFFICERS AND DIRECTORS IN 11  ITIE  Oblete  TILE  Oblete				Ī	<del>- , - , -</del> , - , - , - , - , - , - , - ,					
The obligations of registered agent.  SIGNATURE  Speakers registered agent.  FALE: NOW!!!: FEE: IS \$150,00V.  After: May 1: 2004 Fee will be \$550.00.  After: After		H		Ţ	City		FL	Zip Code	ө	
SIGNATURE			for the purpose of changing its	s registere	d office or registe	red agent, or both, in the State	of Florida. I am	familiar with,	and accept	
ROTE Repeated Agent sequence Agent	_	e registareo ageni.				•				
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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 a burner like empowered.

C.I	/	v r	 IR	

Kristopler I Pratt

4-29-04 954-961-1557