


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State


DOCUMENT # P04000026017
 1. Entity Name
 CH MARY B, CORP.



Principal Place of Business
 2645 NE 207 STREET SUITE 101
 AVENTURA, FL 33180

Mailing Address
 2645 NE 207 STREET SUITE 101
 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0712850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, MARIO I
 9130 S DADELAND BLVD SUITE 1504
 MIAMI, FL 33156

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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 resetting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AVAKIAN, ADOLFO D 21055 YACHT CLUB DRIVE APT 1903 AVENTURA, FL 33180
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Adolfo Avakian** 2-7-08 305 670 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #