


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90045 009 ***150.00

DOCUMENT # P04000029099

1. Entity Name
CHSK, CORPORATION



Principal Place of Business Mailing Address

761 SW 148TH AVENUE 761 SW 148TH AVENUE
 APT 902 APT 902
 SUNRISE, FL 33325 SUNRISE, FL 33325

40058668



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

761 SW 148th Ave *761 SW 148th Ave*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
902 *902*

04072007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

DAVID *DAVID*
 20-0744352 Not Applicable

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

Zip Country Zip Country
33325 *US* *33325* *US*

6. Name and Address of Current Registered Agent

JOSEPH K NOFIL PA
 3284 NORTH STATE ROAD 7
 LAUDERDALE LAKES, FL 33319

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> Delete
NAME	PAZOS, CARLOS	
STREET ADDRESS	761 SW 148TH AVENUE, APT 902	
CITY - ST - ZIP	SUNRISE, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *[Signature]* Date: *4/9* Daytime Phone #: *(954) 263-4783*