

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050587

FILED
Jul 02, 2007
Secretary of State

Entity Name: CHIEF FINANCIAL OPTIONS, INC.

Current Principal Place of Business:

2925 CYPRESS TRACE CIRCLE
203
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

10460 NW 18 PL
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-1221158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, FABIOLA E
10460 NW 18 PL
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARCIA, FABIOLA E
Address: 10460 NW 18 PL
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DV () Delete
Name: GARCIA, RALPH A
Address: 10460 NW 18 PL
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH A. GARCIA

DV

07/02/2007

Electronic Signature of Signing Officer or Director

_____ Date