

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90218 006 \*\*\*150.00

**DOCUMENT # P04000111850**

1. Entity Name  
**CHOCOLAT INC.**



Principal Place of Business  
**1925 BRICKELL AVENUE  
D-2001  
MIAMI, FL 33129 US**

Mailing Address  
**1925 BRICKELL AVENUE  
D-2001  
MIAMI, FL 33129 US**

40100111850



05022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1432515**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CARIGLIO, MICHAEL R  
1925 BRICKELL AVENUE  
D-2001  
MIAMI, FL 33129**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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	P CARIGLIO, MICHAEL R 100 LINCOLN ROAD APT 1541 MIAMI BEACH, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARIGLIO, STEPHANIE D 100 LINCOLN ROAD APT 1541 MIAMI BEACH, FL 33129
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2008 305 806  
6355

Daytime Phone #

DEAR Sir

ATTACHMENT  
40106721  
#P04000111850

We had a fire in our office.  
last week that destroy some of  
our documents.

That is why we might be late  
on the Riling.

Thank you for your  
understanding.

Sincerely

Michael Caniglia.