

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154089

Entity Name: CHEX 4 U, INC.

FILED
May 31, 2009
Secretary of State

Current Principal Place of Business:

<UNUSED>
CORAL SPRINGS, FL 330657296

New Principal Place of Business:

11349 NW 44TH STREET
CORAL SPRINGS, FL 330657296

Current Mailing Address:

11349 NW 44TH STREET
CORAL SPRINGS, FL 330657296

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEISS, SUZANNE
2110 N. OCEAN BLVD., #1703
FT. LAUDERDALE, FL 33305 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOLLIKA, TERRY
Address: 11349 NW 44TH STREET
City-St-Zip: CORAL SPRINGS, FL 330657296

Title: TD () Delete
Name: MOLLIKA, PAMELIA
Address: 11349 NW 44TH STREET
City-St-Zip: CORAL SPRINGS, FL 330657296

Title: D () Delete
Name: MOLLIKA, AMANDA
Address: 11349 NW 44TH STREET
City-St-Zip: CORAL SPRINGS, FL 330657296

Title: D () Delete
Name: MOLLIKA, TRAVIS
Address: 11349 NW 44TH STREET
City-St-Zip: CORAL SPRINGS, FL 330657296

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TERRY MOLLIKA

DIR

05/31/2009

Electronic Signature of Signing Officer or Director

Date