
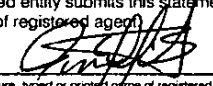
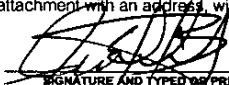


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90121 015 ***150.00

DOCUMENT # P07000034580					
1. Entity Name CHACON & CASTANO CORPORATION					
Principal Place of Business 540 BIRCH CT ALTAMONTE SPRINGS, FL 32714			Mailing Address 540 BIRCH CT ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box # 330 Kays Landing Drive		3. Mailing Address 330 Kays Landing Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sanford, Florida		City & State Sanford, Florida		4. FEI Number 20-8666349	
Zip 32771		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHACON, RODRIGO E 540 BIRCH CT ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name CHACON, RODRIGO E Street Address (P.O. Box Number is Not Acceptable) 330 Kays Landing Drive City Sanford FL Zip Code 32771		
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  RODRIGO CHACON - PRESIDENT 4/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete CHACON, RODRIGO E 540 BIRCH CT ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHACON, RODRIGO E 330 KAYS LANDING DRIVE SANFORD, FLORIDA - 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete CASTANO, CLAUDIA M 540 BIRCH CT ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition CASTANO, CLAUDIA M 330 KAYS LANDING DRIVE SANFORD - FLORIDA 32771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  RODRIGO CHACON - PRESIDENT 4/20/08 407-733-7042 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					