

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000003712

Entity Name: CHAPALODA GROUP, INC.

FILED  
Jan 14, 2010  
Secretary of State

**Current Principal Place of Business:**

3097 S.E. GALT CIRCLE  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

3097 S.E. GALT CIRCLE  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

ROGERS, CRAIG P ESQ  
100 S.W. 70TH AVENUE  
PLANTATION, FL 33317      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: D  
Name: MILES, ROBERT L  
Address: 3097 S.E. GALT CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D  
Name: MILES, NORMA E  
Address: 3097 S.E. GALT CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: SEC  
Name: MILES, CHARI L  
Address: 3301 NORTH RIVER DRIVE  
City-St-Zip: POMPANO BEACH, FL

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L. MILES

D

01/14/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date