

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90358 045 ***158.75

DOCUMENT # P97000058529
 1. Entity Name
 CHASE INVESTMENT INC.



Principal Place of Business: 210 71 STREET # 308 MIAMI BEACH, FL 33141 US
 Mailing Address: 1640 CLEVELAND RD MIAMI BEACH, FL 33141 US

50041103



2. Principal Place of Business: 6450 W. 21st. Suite, Apt. #, etc. 206
 3. Mailing Address: Suite, Apt. #, etc. Same

01262005 Chg-P CR2E034 (10/03)

City & State: Hialeah FL
 City & State: Same

4. FEI Number: 65-0858359
 Applied For: Not Applicable

Zip: 33016 Country: USA
 Zip: Country:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HERNANDEZ, TOMAS L
 1640 CLEVELAND ROAD
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL Zip Code:

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00
 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 | PD HERNANDEZ, TOMAS L 1640 CLEVELAND RD MIAMI BEACH, FL 33141 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HERNANDEZ, MARIA C 1640 CLEVELAND RD MIAMI BEACH, FL 33141 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Date: 1-27-05 Daytime Phone #