

FROM :ABELAIRAS

FAX NO. :7864971908

Jan. 30 2006 03:35PM P3

**FILED**

**Mar 24, 2006 08:00 AM**  
Secretary of State

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P97000058529</b>	
1. Entity Name <b>CHASE INVESTMENT INC.</b>	



Principal Place of Business <b>6450 W 21 CT # 206 HALEAH, FL 33016 US</b>	Mailing Address <b>1640 CLEVELAND RD MIAMI BEACH, FL 33141 US</b>
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01302006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0668369</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HERNANDEZ, TOMAS L  
1640 CLEVELAND ROAD  
MIAMI BEACH, FL 33141**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, by the listed named name of registered agent and WS if applicable. (NOTE: Registered Agent signature is required when returning up)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00**

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	PO <b>HERNANDEZ, TOMAS L 1640 CLEVELAND RD MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>HERNANDEZ, MARIA C 1640 CLEVELAND RD MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/10/06-80007-001 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 315, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 of changed, or on an attachment with an affidavit, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1/20/06 (305) 801-4167**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR