


## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000086458</b> 1. Entity Name <b>CHEF PASCAL CORPORATION</b>	
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Principal Place of Business <b>36 PINE HILL TRAIL TEQUESTA, FL 33469</b>	Mailing Address <b>36 PINE HILL TRAIL TEQUESTA, FL 33469</b>
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DO NOT WRITE IN THIS SPACE



01082006	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>65-0981784</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GEORGET, PASCAL A  
36 PINE HILL TRAIL W.  
TEQUESTA, FL 33469**

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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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GEORGET, PASCAL A 36 PINE HILL TRAIL W. TEQUESTA, FL 33469</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KEEFE, SHARON 36 PINE HILL TRAIL W. TEQUESTA, FL 33469</b>
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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:** Sharon Keefe Sharon Keefe 4/10/06 5617368380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #