

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90231 049 ***150.00

DOCUMENT # P94000005030

1. Entity Name

CHA-CHA-CHA, INC.



Principal Place of Business

1450 N. FEDERAL HWY.
BOCA RATON FL 33432

Mailing Address

1198 N. DIXIE HWY
BOCA RATON FL 33432

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1901 N MILITARY TR

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

City & State
BOCA RATON FL

4. FEI Number

65-0467825

Applied For

Not Applicable

Zip

Country

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOVA, ANTHONY
3320 ST. CHARLES CIRCLE
BOCA RATON FL 33434

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BOVA, ANTHONY
STREET ADDRESS 3320 ST. CHARLES CIRCLE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

Anthony Bova

ANTHONY BOVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-392-5595