

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

K09414

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 1:54

DOCUMENT # K09414

1. Entity Name
CHEMCO CORP.



Principal Place of Business

1130 NW 159 DR
MIAMI, FL 33169 US

Mailing Address

1130 NW 159 DR
MIAMI, FL 33169 US

66000573



02/01/08 90028 DL 450
01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0023778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONTARROYOS, EITELBERG G PRES
1130 NW 159 DR
MIAMI, FL 33169

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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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MONTARROYOS, EITELBERG G PRES
STREET ADDRESS	1130 NW 159 DR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VP
NAME	MONTARROYOS, AMY S VP
STREET ADDRESS	1130 NW 159 DR
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Amy Montarroyos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/08

Date

Daytime Phone #