

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000001011

Entity Name: CHELE I CORPORATION

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

345 44TH AVE  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

2203 N. LOIS AVE., #908  
TAMPA, FL 33607

**New Mailing Address:**

PO BOX 23291  
TAMPA, FL 33623

FEI Number: 56-1725726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AHEARN, MICHELE  
358 44TH AVE  
ST. PETE BEACH,, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AHEARN, MICHELE  
Address: 358 44TH AVE  
City-St-Zip: ST. PETE BEACH, FL 33607

Title: S  
Name: AHEARN, ROBERT E.  
Address: 358 44TH AVE  
City-St-Zip: ST. PETE BEACH, FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE AHEARN

PRES

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date