

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154089

Entity Name: CHEX 4 U, INC.**Current Principal Place of Business:**11349 NW 44TH STREET
CORAL SPRINGS, FL 33065-7296**Current Mailing Address:**11349 NW 44TH STREET
CORAL SPRINGS, FL 33065-7296**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOE, GARRITY
1002 E. NEWPORT CENTER DRIVE
SUITE 102
DEERFIELD BEACH, FL 33304 US*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:** JOE GARRITY

03/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-----------------------------|
| Title | D |
| Name | MOLLIKA, TERRY |
| Address | 11349 NW 44TH STREET |
| City-State-Zip: | CORAL SPRINGS FL 33065-7296 |

| | |
|-----------------|-----------------------------|
| Title | PD |
| Name | MOLLIKA, PAMELIA |
| Address | 11349 NW 44TH STREET |
| City-State-Zip: | CORAL SPRINGS FL 33065-7296 |

| | |
|-----------------|-----------------------------|
| Title | TD |
| Name | MOLLIKA, AMANDA |
| Address | 11349 NW 44TH STREET |
| City-State-Zip: | CORAL SPRINGS FL 33065-7296 |

| | |
|-----------------|-----------------------------|
| Title | D |
| Name | MOLLIKA, TRAVIS |
| Address | 11349 NW 44TH STREET |
| City-State-Zip: | CORAL SPRINGS FL 33065-7296 |

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: TERRY MOLLIKA**DIRECTOR**

03/10/2014

Electronic Signature of Signing Officer/Director Detail

Date