

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000064057

**Entity Name:** CHAPALA ENTERPRISE INC

**Current Principal Place of Business:**

1100 STATE ROAD 29 S  
LABELLE, FL 33935

**Current Mailing Address:**

4017 CALOOSA LOOP  
LABELLE, FL 33935 US

**FEI Number:** 27-1667748

**Certificate of Status Desired:** No

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

ALCALA, PABLO  
1100 STATE ROAD 29 S  
LABELLE, FL 33935 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | P                 | Title           | VP                |
| Name            | ALCALA, PABLO     | Name            | AGUILAR, VERONICA |
| Address         | 4017 CALOOSA LOOP | Address         | 4017 CALOOSA LOOP |
| City-State-Zip: | LABELLE FL 33935  | City-State-Zip: | LABELLE FL 33935  |

*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:** PABLO ALCALA

**PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date