
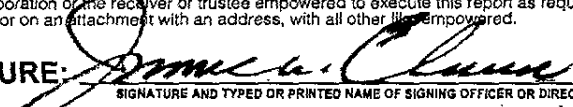


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 162856 1. Entity Name CHAVES CONSTRUCTION CO. OF MIAMI		
Principal Place of Business 20155 NE 38 CT 2401 AVENTURA, FL 33180 US	Mailing Address 20155 NE 38 CT 2401 AVENTURA, FL 33180 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent JEROME A CHAVES 20155 NE 38TH CT # 2401 AVENTURA, FL 33180		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%; text-align: right;"> DATE _____ </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	CHAVES, BENJAMIN	
STREET ADDRESS	20155 NE 38 CT # 2401	
CITY - ST - ZIP	AVENTURA, FL 33180	
TITLE	D	
NAME	CHAVES, JEROME	
STREET ADDRESS	2015 NE 38 CT # 2401	
CITY - ST - ZIP	AVENTURA, FL 33180	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:  <div style="float: right; text-align: right;"> 4-12-06 305-205-1744 <small>Date Daytime Phone #</small> </div>		



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0619777

Applied For
Not Applicable

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

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IN THIS SPACE

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IN THIS SPACE

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04/29/06-000005-014 150.00