## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 308057** 

FILED Apr 08, 2009 Secretary of State

Entity Name: MIGUEL CHINCHILLA VARONA AND ASSOC., INC.

Surrent Principa	l Place of Business:	New Principal Place	of Business:	
3850 20TH ST VERO BEACH, FL	L 32960 US	3850 20TH ST 500 VERO BEACH, FL 329	960 US	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O. BOX O VERO BEACH, FL	L 32961 US			
El Number: 59-1148	3266 FEI Number Applied For() FE	l Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Addre	ess of Current Registered Agent:	Name and Address o	f New Registered Agent:	
PRIETO, JUAN 4510 ROSEWOOI VERO BCH, FL 3		PRIETO, JUAN 4510 ROSEWOOD RO VERO BCH, FL 32966		
	l entity submits this statement for the purpo	se of changing its registered	d office or registered agent, or both,	
n the State of Flor	ildu.			
n the State of Flor SIGNATURE:	Total.		04/08/2009	
SIGNATURE:	Electronic Signature of Registered Agent		04/08/2009 Date	
BIGNATURE:E				
SIGNATURE:E	Electronic Signature of Registered Agent Financing Trust Fund Contribution ( ).	ADDITIONS/CHANGE		
Election Campaign F  DFFICERS AND I  Title: COBD  Name: PRIETO Address: 4510 R	Electronic Signature of Registered Agent Financing Trust Fund Contribution ().		Date	
Election Campaign F  DFFICERS AND I  Title: COBD  Name: PRIETO  Address: 4510 R  City-St-Zip: VERO  Title: PD  Name: PRIETO  Address: 875 RC	Electronic Signature of Registered Agent Financing Trust Fund Contribution ( ).  DIRECTORS:  ( ) Delete  O, JUAN ROSEWOOD	Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTORS:	
Election Campaign F  DFFICERS AND II  Title: COBD  Jame: PRIETO  Address: 4510 R  Title: PD  Jame: PRIETO  Address: 875 RC  City-St-Zip: VERO  Title: VSD  Jame: PRIETO  Jame: PRIETO  Jame: VSD  Jame: PRIETO  Jame	Electronic Signature of Registered Agent Financing Trust Fund Contribution ( ).  DIRECTORS:  ( ) Delete  O, JUAN ROSEWOOD BCH, FL 32966 US  ( ) Delete  O, JOSE A DYAL PALM BLVD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Date  ES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE A PRIETO PD 04/08/2009