

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 618155 1. Entity Name CHAMSY TRANSFER, INC.	
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Principal Place of Business 1801 NW 82 AVENUE P.O. BOX 523730 MIAMI, FL 33126-1019 US	Mailing Address P.O. BOX 523730 MIAMI, FL 33152-3730 US
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01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1917251	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGUIRRE, JOSE I. 1801 NW 82 AVENUE MIAMI, FL 33123-8013
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**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000116191
04/16/04-80054-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, BRUCE 1801 NW 82 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLUKSTAD, PHYLLIS 1801 NW 82 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGUIRRE, JOSE 1801 NW 82 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, LEONARD 1801 NW 82 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jose I. Aguirre 4/12/04 305-863-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #