


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 626607	
1. Entity Name CHEVALIS CONSTRUCTION, INC.	

Principal Place of Business C/O SANFORD N. REINHARD 2875 NE 191ST STREET, #404 NORTH MIAMI BCH., FL 33180	Mailing Address C/O SANFORD N. REINHARD 2875 NE 191ST STREET, #404 NORTH MIAMI BCH., FL 33180
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1938433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REINHARD, SANFORD N., P.A. 2875 NE 191ST STREET, SUITE 404 NORTH MIAMI BCH., FL 33180

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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 _____ <small>Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOLDIST, FAY 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2r2c4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GOLDIST, BARRY MITCHELL 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2r2c4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/24/06-80038-019 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE: FEB 1/06	FILE NO: 905-866217
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		