## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #626607**

1. Entity Name

CHEVALIS CONSTRUCTION, INC.



FILED Apr 04, 2007 08:00 A Secretary of State

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



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1938433

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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 Superior typoid or period name of registered agent and bite if applicable (NOTE Registered Agent signature required when reinstating)  DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		

10.	OFFICERS AND DIRECTORS	
1011	PS COLDUST FAY	
NAME STREET ADDRESS	GOLDLIST, FAY 12 GOLDFINCH CRT	
CITY-ST-7IP	WILLOWDALE ONTARIO. m2r2c4	
NAME STREET ADDRESS CITY-ST-ZIP	VPT GOLDLIST, BARRY MITCHELL 12 GOLDFINCH CRT WILLOWDALE ONTARIO, m2r2c4	
THE NAME STREET ADDRESS CHY-ST-/IP		
mu		

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12. Thereby 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:

NAMI
SPREEL ADDRESS
CHY-SI-ZIP
HILL
NAME
STREEL ADDRESS
CHY-SI-ZIP
HILL
STREEL ADDRESS
CHY-SI-ZIP
CHY-SI-ZIP
STREEL ADDRESS
CHY-SI-ZIP

SIGNATURE AND TYPED DR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR

305-932-755