

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719062

Entity Name: CHIPPER, INC.

**FILED**  
**Jul 22, 2004**  
**Secretary of State****Current Principal Place of Business:**1040 CRYSTAL LAKE DR.  
APT 2  
POMPANO BCH., FL 33064 US**New Principal Place of Business:****Current Mailing Address:**1040 CRYSTAL LAKE DR.  
APT 2  
POMPANO BCH., FL 33064 US**New Mailing Address:**

FEI Number: 65-0132258

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**ALBUQUERQUE, MARIA C  
1040 CRYSTAL LAKE DR.  
APT 2  
POMPANO BCH., FL 33064 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PTD ( ) Delete  
Name: ALBUQUERQUE, MARIA  
Address: 1040 CRYSTAL LAKE DR, #2  
City-St-Zip: POMPANO BCH., FL 33064Title: VSD ( ) Delete  
Name: ALBUQUERQUE, JURANDIR  
Address: 1040 CRYSTAL LAKE DR, #2  
City-St-Zip: POMPANO BCH., FL 33064Title: TD ( ) Delete  
Name: ALBUQUERQUE, JENNIFER  
Address: 1040 CRYSTAL LAKE DR, #3  
City-St-Zip: POMPANO BCH., FL 33064Title: S ( ) Delete  
Name: FORNARO, LUIZ  
Address: 1040 CRYSTAL LK DR #3  
City-St-Zip: POMPANO BCH, FL 33064**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C. ALBUQUERQUE

PTD

07/22/2004

Electronic Signature of Signing Officer or Director

Date