

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0700286 IN

DOCUMENT # F02000002847

1. Entity Name
CHACONIA FINANCIAL SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 MAR 20 PM 4:31

Principal Place of Business C/O T&T UNIT TRUST CORP., UTC FNCL CNTR. 82 IND. SQUARE, PORT OF SPAIN, TRINIDAD WEST INDIES	Mailing Address C/O T&T UNIT TRUST CORP., UTC FNCL CNTR. 82 IND. SQUARE, PORT OF SPAIN, TRINIDAD WEST INDIES
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **05-0467266** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
500014417865
03/20/03--01070--023 **150.00
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	OLTON, LARRY L	
STREET ADDRESS	82 INDEPENDENCE SQ., PORT OF SPAIN	
CITY-ST-ZIP	TRINIDAD, WEST INDIES	
TITLE	V	<input type="checkbox"/> Delete
NAME	DANIEL-WORRELL, GAYLE C	
STREET ADDRESS	82 INDEPENDENCE SQ., PORT OF SPAIN	
CITY-ST-ZIP	TRINIDAD, WEST INDIES	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENN, CLARRY	
STREET ADDRESS	82 INDEPENDENCE SQ., PORT OF SPAIN	
CITY-ST-ZIP	TRINIDAD, WEST INDIES	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHANG, JUDY Y	
STREET ADDRESS	82 INDEPENDENCE SQ., PORT OF SPAIN	
CITY-ST-ZIP	TRINIDAD, WEST INDIES	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICKIE, RENRICK A	
STREET ADDRESS	82 INDEPENDENCE SQ., PORT OF SPAIN	
CITY-ST-ZIP	TRINIDAD, WEST INDIES	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAYNE, ULICE JR.	
STREET ADDRESS	777. E. WISCONSIN AVE.	
CITY-ST-ZIP	MILWAUKEE WI 53202	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEYNE, HUBERT	
STREET ADDRESS	82 INDEPENDENCE SQ., PORT OF SPAIN	
CITY-ST-ZIP	TRINIDAD, WEST INDIES	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL-WORRELL, GAYLE C	
STREET ADDRESS	82 INDEPENDENCE SQ., PORT OF SPAIN	
CITY-ST-ZIP	TRINIDAD, WEST INDIES	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ **SIGNATURE REQUIRED** 19/03/03 868-625-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (10/02)