

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90021 009 ***150.00

DOCUMENT # F03000000889					
1. Entity Name CHEVALIER CORPORATION					
Principal Place of Business 145 JEFFERSON AVE. UNIT #411 MIAMI, FL 33139			Mailing Address 145 JEFFERSON AVE. UNIT #411 MIAMI, FL 33139		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05112004 Chg-P CR2E034 (10/03)	
4. FEI Number 81-0508677				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 EMANUELE, MARK A ESQ. 6300 N. FEDERAL HWY, 3RD FLOOR FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Mark A. Emanuele, Esq. Street Address (P.O. Box Number is Not Acceptable) 3600 N. Federal Hwy., 3rd Floor Ft. Lauderdale, FL 33308 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 <i>Mark A. Emanuele</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>5/11/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST CHEVALIES, PETER A 145 JEFFERSON AVE. UNIT #411 MIAMI, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST Chevalier, Peter A. 145 Jefferson Ave, Unit 411 Miami, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Mark A. Emanuele</i> Mark A. Emanuele, Esq. May 11, 2004 (954) 390-0100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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