# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2004**
**Secretary of State**

DOCUMENT# G69306

**Entity Name:** CHAYEB ENTERPRISES, INC.

**Current Principal Place of Business:**

1061 WREN AVENUE
MIAMI SPRINGS, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

JOSE CHAYEB
P O BOX 652
HIALEAH, FL 33011 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAYEB, JOSE
1061 WREN AVENUE
MIAMI SPRINGS, FL 33166

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTCD ( ) Delete
Name: CHAYEB, JOSE
Address: 1061 WREN AVE
City-St-Zip: MIAMI, FL 33166

Title: VTSD ( ) Delete
Name: MENDEZ, MARICELA
Address: 1061 WREN AVE
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: CHAYEB, JORGE T
Address: 1061 WREN AVE
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: CHAYEB, YOREILA
Address: 1061 WREN AVE.
City-St-Zip: MIAMI, FL 33166

**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARICELA MENDEZ D 03/02/2004

Electronic Signature of Signing Officer or Director Date