

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90007 010 \*\*\*150.00

**DOCUMENT # G69306**

1. Entity Name

CHAYEB ENTERPRISES, INC.



Principal Place of Business

1061 WREN AVENUE  
MIAMI SPRINGS FL 33166  
US

Mailing Address

JOSE CHAYEB  
P O BOX 652  
HIALEAH FL 33011  
US



2. Principal Place of Business - No P.O. Box #

1061 Wren Ave

3. Mailing Address

P.O. Box 110652

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Springs

City & State

Hialeah FL.

Zip

33166

Country

US

Zip

330110652

Country

US

1st MOORE

CR2E034 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAYEB, JOSE  
1061 WREN AVENUE  
MIAMI SPRINGS FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

TITLE	PTCD	<input type="checkbox"/> Delete
NAME	CHAYEB, JOSE	
STREET ADDRESS	1061 WREN AVE	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	VTSD	<input type="checkbox"/> Delete
NAME	MENDEZ, MARICELA	
STREET ADDRESS	1061 WREN AVE	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAYEB, JORGE T	
STREET ADDRESS	1061 WREN AVE	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAYEB, YOREILA	
STREET ADDRESS	1061 WREN AVE.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-08 786-352-7453