

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J22190**

1. Entity Name  
C.H.I.R. CORPORATION



Principal Place of Business

% INGRID BECKLES  
12001 NW 27 AVENUE  
MIAMI, FL 33016

Mailing Address

% INGRID BECKLES  
8211 NW 169 TERRACE  
MIAMI, FL 33016

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2752991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BECKLES, INGRID  
8211 NW 169 TERRACE  
MIAMI, FL 33016

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALEXANDER HYACINTH LIMA  
STREET ADDRESS 8211 N.W. 169TH TERR  
CITY- ST- ZIP MIAMI, FL

TITLE VST  
NAME BECKLES, INGRID  
STREET ADDRESS 8211 N.W. 169TH TERR  
CITY- ST- ZIP MIAMI, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ingrid Beckles* INGRID BECKLES 4/26/04 305-588-0117