

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J22190

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

FILED
May 31, 2009
Secretary of State

Current Principal Place of Business:

% INGRID BECKLES
12001 NW 27 AVENUE
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

% INGRID BECKLES
8211 NW 169 TERRACE
MIAMI, FL 33016

New Mailing Address:

FEI Number: 59-2752991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKLES, INGRID
8211 NW 169 TERRACE
MIAMI, FL 33016 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALEXANDER HYACINTH LIMA
Address: 8211 N.W. 169TH TERR
City-St-Zip: MIAMI, FL

Title: VST () Delete
Name: BECKLES, INGRID
Address: 8211 N.W. 169TH TERR
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: HYACINTH ALEXANDER

PD

05/31/2009

Electronic Signature of Signing Officer or Director

Date