FILED
Apr 29, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J45150

1. Entity Name
CHIBO, INC

Principal Place of Business	Mailing Address
% DIANE CAPUTO 2515 SOUTH TAMIAMI TRAIL PUNTA GORDA, FL 33950 US	% DIANE CAPUTO 2515 SOUTH TAMIAMI TRAIL PUNTA GORDA, FL 33950 US

DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2742334
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPTUO, DIANE
2515 SOUTH TAMIAMI TRAIL
PUNTA GORDA, FL 33950

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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 _____ DATE
(Signature must be that of the registered agent and title if applicable. (NOTE: Registered agent signature required when changing))

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 Fee

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAPUTO, DIANE
STREET ADDRESS	2515 SOUTH TAMIAMI TRAIL
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	DVP
NAME	CAPUTO, DIANE
STREET ADDRESS	2515 SOUTH TAMIAMI TRAIL
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80085-007 150.00

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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: DIANE CAPUTO Diane Caputo 4/27/04 941-637-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #