

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61452

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** CHEVOLO ACCOUNTING, INC.

**Current Principal Place of Business:**

6491 SUNSET STRIP,  
7  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

4604 NORFOLK IS PINE DR  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 65-0001723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, VALRIE  
4604 NORFOLK ISLAND PINE DR  
TAMARAC, FL 33319 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

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: WRIGHT, VALRIE  
Address: 4604 NORFOLK ISLAND PINE DR  
City-St-Zip: TAMARAC, FL 33319

Title: DVPS  
Name: O'CONNER, KIMLA  
Address: 4604 NORFOLK ISLAND PINE DR  
City-St-Zip: TAMARAC, FL 33319

Title: D  
Name: CHEVOLLEAU, HARVEY I JR  
Address: 4604 NORFOLK ISLAND PINE DR  
City-St-Zip: TAMARAC, FL 33319

I hereby 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 all other like empowered.

SIGNATURE: VALRIE WRIGHT

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04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date