
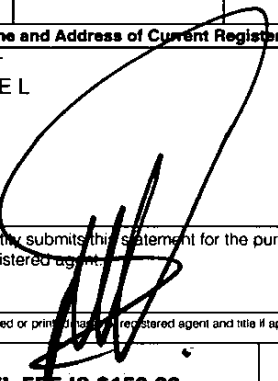
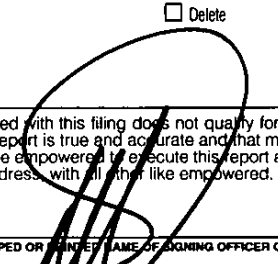


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90007 038 \*\*\*158.75

<b>DOCUMENT # L06462</b> 1. Entity Name <b>CHESAPEAKE BAY INTERNATIONAL, INC.</b>																													
Principal Place of Business <b>151 SE 15 ROAD</b> <b>C-1</b> <b>MIAMI, FL 33129 US</b>			Mailing Address <b>151 SE 15 ROAD</b> <b>C-1</b> <b>MIAMI, FL 33129 US</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0149677</b> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02252008    Chg-P    CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent  <b>LA TORRE, JORGE L</b> <b>151 SE 15 ROAD</b> <b>C-1</b> <b>MIAMI, FL 33129</b>			7. Name and Address of New Registered Agent Name <b>LATORRE, JORGE LUIS</b> Street Address (P.O. Box Number is Not Acceptable)  <b>151 SE, 15 ROAD    C-1</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33129</b>																										
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:  (NOTE: Registered Agent signature required when reinstating)      DATE: <b>2/22/08</b>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Date: <b>2/22/08</b> Daytime Phone #: <b>305-373-3466</b>																													

40034401

