2004 FOR PROFIT CORPORATION
ANNUAL REPORT

L45492

1. Entity Name
CHESTERFIELD CAPITAL CORPORATION

Principal Place of Business	Mailing Address
6130 SW 135 TERRACE MIAMI, FL 33156 US	6130 SW 135 TERRACE MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE

01272004

4. FEI Number		Applied For
65-0171057		Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

HATTLER, RICHARD M
6130 SW 135 TERRACE
MIAMI, FL 33156

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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)_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   2/26/04   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2004 Fee will be $550.00	**9.** Election Campaign Financing ☐ **$5.00** Trust Fund Contribution.	U00000085182 03/24/04--80022-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HATTLER, RICHARD M.
STREET ADDRESS	11180 SNAPPER CREEK ROAD
CITY-ST-ZIP	MIAMI, FL
TITLE	DP
NAME	RICHARD, HATTLER
STREET ADDRESS	6130 SW 135 TERARC
CITY-ST-ZIP	MIAMI, FL 33156
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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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)_   3/20/04   305 669 1279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #