

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90213 003 \*\*\*158.75

**DOCUMENT # L56229**

1. Entity Name  
**CHEVAL, INC.**



Principal Place of Business

10451 NW 33 ST  
STE #201-A  
MIAMI, FL 33172 US

Mailing Address

7990 SW 117 AVE.  
STE 203  
MIAMI, FL 33183 US

50016924



2. Principal Place of Business

7601 SW lost River Rd.

Suite, Apt. #, etc.

3. Mailing Address

7601 SW lost River Rd.

Suite, Apt. #, etc.

04062006

Chg-P

CR2E034 (11/05)

City & State

Stuart, Florida

City & State

Stuart Florida

4. FEI Number

65-0176268

Applied For

Not Applicable

Zip

34997

Country

USA

Zip

34997

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN TABOR & ASSOCIATES  
10451 NW 33 ST  
STE #201-A  
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

Martin Tabor & Associates

Street Address (P.O. Box Number is Not Acceptable)

7601 SW lost River Rd.

City

Stuart

FL

Zip Code

34997

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
TABOR, MARTIN A  
10451 NW 33 ST  
MIAMI, FL 33172

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
Tabor, Martin A  
7601 SW lost River Rd.  
Stuart, FL 34997

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/06

772 463 7400