


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 Jan 28, 2008 08:00 AM
 Secretary of State
1/16/08

DOCUMENT # L60305


1. Entity Name
CHAUVET & SONS, INC.



Principal Place of Business Mailing Address

3000 N 29 CT 3000 N 29 CT
 HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 US

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0184363

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PERLOS, JEFFREY M ESQ
 1820 E. HALLANDALE BEACH BLVD.
 HALLANDALE, FL 33009

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | OD |
| NAME | CHAUVET, ALBERT |
| STREET ADDRESS | 3000 N 29 CT |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 |
| 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 | |

557000 *150.00* *Jan*

U00000802102
 02/01/08-80046-001 150.00

DO NOT WRITE IN THIS SPACE

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: _____ *1/25/08* *954-901-7511*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #