


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M05252 1. Entity Name CHIMU, INC.	
--	---

Principal Place of Business C/O TOMAS DATORRE 410 - 16TH. STREET MIAMI BEACH, FL 33139	Mailing Address C/O TOMAS DATORRE 410 - 16TH. STREET MIAMI BEACH, FL 33139
--	--



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2503291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DATORRE, TOMAS 410 - 16TH. STREET MIAMI BEACH, FL 33139
--

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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**

**U00000922263
05/15/08-80040-018 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DATORRE, TOMAS 410-16TH STREET MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DATORRE, TOMAS 410 16TH STREET MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DATORRE, ROBERTO A. 410 16TH STREET MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Datorre

4/23/08

305-5315493

Date

Daytime Phone #