

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15250

Entity Name: CHEWING GUM INC.

FILED  
Mar 10, 2009  
Secretary of State

**Current Principal Place of Business:**

546 41ST STREET  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

546 41ST STREET  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 59-2535954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BETTY BEHAR  
546-41ST. STREET  
MIAMI BEACH, FL 33140      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: BEHAR, SALVADOR  
Address: 548-41ST. STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: P ( ) Delete  
Name: BEHAR, BETTY  
Address: 548-41ST. STREET  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVADOR BEHAR

VP

03/10/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date