2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M49101

1. Entity Name
CHEWY & CO., INC.

Principal Place of Business	Mailing Address
546 41ST STREET	546 41ST STREET
MIAMI BEACH, FL 33140 US	546 41ST ST
	MIAMI BEACH, FL 33140 US

44049244

07122004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2794923	Not Applicable

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

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6. Name and Address of Current Registered Agent

BEHAR, SALVADOR
546-41ST
MIAMI BCH, FL 33140

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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 $550.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	*we have not Receive* *The car before*

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BEHAR, SALVADOR
STREET ADDRESS	546-41RST
CITY-ST-ZIP	MIAMI BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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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 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: _____   7-11-04   305-573-2242

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