2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M85457

1. Entity Name
CHRISDON ENTERPRISES, INC.

Principal Place of Business
2733 PONCE DE LEON BOULEVARD
SUITE 101
CORAL GABLES, FL 33134

Mailing Address
2733 PONCE DE LEON BOULEVARD
SUITE 101
CORAL GABLES, FL 33134

02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0060848
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CADENAS, RICARDO A.
48 NE 15 STREET
HOMESTEAD, FL 33030

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, 2006 Fee will be $550.00

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

100000036540
05/08/06-30038-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARGUELLES, DONATO J.
STREET ADDRESS	565 REINANTE AVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	D
NAME	ARGUELLES, MARIA V.
STREET ADDRESS	565 REINANTE AVE
CITY-ST-ZIP	CORAL GABLES, FL
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	

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: X Donato J. Arguelles 4/24/06 X 305 444-83
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #