2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002286

Address:

City-St-Zip:

2300 NW 30TH WAY

FT. LAUDERDALE, FL 33311

FILED Jul 10, 2008 Secretary of State

Entity Nar	me: CHIE MOO ARTS INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1768 CONLEY TRACE CONLEY, GA 30288		4721 W. PARK RD. HOLLYWOOD, FL 3:	4721 W. PARK RD. HOLLYWOOD, FL 33021	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
1768 CONI CONLEY, 0	LEY TRACE GA 30288	4721 W. PARK RD. HOLLYWOOD, FL 3:	3021	
FEI Number: In accordance	20-0841878 FEI Number Applied For() FE ce with s. 607.193(2)(b), F.S., the corporation did not rec	El Number Not Applicable() eive the prior notice.	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
JACQUES-ALCIN, MOOTCHIE 1768 CONLEY TRACE CONLEY, FL 30288 US		4721 W. PARK RD.	JACQUES-ALCIN, MOOTCHIE 4721 W. PARK RD. HOLLYWOOD, FL 33021 US	
in the State of Florida. SIGNATURE: MOOTCHIE JACQUES-ALCIN			07/10/2008	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	EXD () Delete JACQUES-ALCIN, MOOTCHIE 1768 CONLEY TRACE CONLEY, GA 30288	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete ALCIN, STEVENSON 1768 CONLEY TRACE CONLEY, GA 30288	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete VOLTAIRE, WEZINSKY 320 NW 129TH STREET MIAMI, FL 33168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete BILLINS, LISA	Title: Name:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MOOTCHIE JACQUES-ALCIN EXD 07/10/2008