## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000003119

Entity Name: C.H.O.I.C.E.S. INC.

FILED Apr 27, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

C/O ARLENE SEALY, SUPPORT COORDINATOR C/O ARLENE SEALY, SUPPORT COORDINATOR

7305 COPPERFIELD CIR. 601 NW 12 ST LAKE WORTH, FL 33467

DELRAY BEACH, FL 33444

**Current Mailing Address: New Mailing Address:** 

C/O ARLENE SEALY, SUPPORT COORDINATOR 7305 COPPERFIELD CIR. C/O ARLENE SEALY, SUPPORT COORDINATOR

601 NW 12 ST LAKE WORTH, FL 33467

DELRAY BEACH, FL 33444

FEI Number: 65-0974650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SEALY, ARLENE SEALY, ARLENE 7305 COPPERFIELD CIRCLE 601 NW 12 ST

LAKE WORTH, FL 33467 DELRAY BEACH, FL 33444 US

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: 04/27/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

SEALY, ARLENE Name: 601 NW 12 ST Address:

City-St-Zip: DELRAY BEACH, FL 334444

I hereby 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 all other like empowered.

Ρ SIGNATURE: ARLENE SEALY 04/27/2011