08/31/2004 15:13 9544343838 MYLES G. CYPI

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90014 034 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000006740

1. Entity Name
CHAMELEON, INC.

Principal Place of Business
825 ARTHUR GODFREY RD.
MIAMI BCH, FL 33140

Mailing Address
P. O. BOX 402099
MIAMI BCH, FL 33140

08312004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12555 ORANGE DRIVE	P.O. BOX 327328
Suite, Apt. #, etc. SUITE 4B	Suite, Apt. #, etc.
City & State DAVIE, FL	City & State FORT LAUDERDALE, FL
Zip 33330 Country USA	Zip 33332 Country USA

4. FEI Number 65-0971877 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CYPEN, MYLES G ESQ.
825 ARTHUR GODFREY RD.
MIAMI BCH, FL 33140

7. Name and Address of New Registered Agent

Name CYPEN, MYLES G. ESQ.
Street Address (P.O. Box Number is Not Acceptable) 12555 ORANGE DRIVE
SUITE 4B
City DAVIE FL Zip Code 33330

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] MYLES G. CYPEN 9/7/04
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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ODERMATT, CATHERINE 9011 COLLINS AVE. SURFSIDE, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] CATHERINE ODERMATT 09/07/04 (305) 868-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #