


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**


05-22-2007 90018 025 \*\*\*150.00

|                                      |  |   |
|--------------------------------------|--|---|
| <b>DOCUMENT # P00000023367</b>       |  |  |
| 1. Entity Name<br>CHEZ POOCHE', INC. |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>9044 ALTERNATE ATA</b><br><b>NORTH PALM BEACH, FL 33403</b> | Mailing Address<br><b>P.O. BOX 340713</b><br><b>LAKE WORTH, FL 33454-0713</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>4332 Hunting Trail</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>4332 Hunting Trail</b><br>Suite, Apt. #, etc. |
| City & State<br><b>LAKE WORTH FL</b>   | City & State<br><b>LAKE WORTH FL</b>                                   |
| Zip<br><b>33467</b> Country<br><b>USA</b>  | Zip<br><b>33467</b> Country<br><b>USA</b>                              |

**40111100**



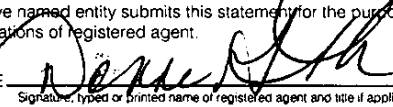
04172007 Chg-P CR2E034 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0991360</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>THRASHER, DONNA</b><br><b>4332 HUNTING TRAIL</b><br><b>LAKE WORTH, FL 33467</b> |  |
|---|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

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.

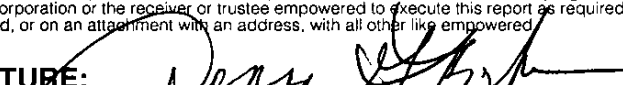
SIGNATURE:  DATE: **4/21/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSTD<br>THRASHER, DONNA<br>4332 HUNTING TRAIL<br>LAKE WORTH, FL 33467 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  DATE: **4/21/07** (561) 533-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR