~~2005~~ FOR PROFIT CORPORATION
2009 ANNUAL REPORT (AR)

DOCUMENT # P00000036083

1. Entity Name

CHEVY WORLD INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -1 PM 2:23

Principal Place of Business

14103 SW 163RD ST
MIAMI FL 33177

Mailing Address

PO BOX 770955
MIAMI FL 33177
US

1st MOORE CR2E034 (10/04)

2. Principal Place of Business | 3. Mailing Address

Suite, Apt #, etc. | Suite, Apt #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number 65-1004996 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FARDALES, ALEX M
~~1640 W. 49TH ST., SUITE 404~~ 14103 SW 163 ST
~~HIALEAH FL 33012~~
MIAMI, FIA. 33177

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 ____________________
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D FARDALES, ALEX M 14103 SW 163RD ST. MIAMI FL 33177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARDALES, MARTA E 14103 SW 163RD ST. MIAMI FL 33177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100155105059 05/01/09--01049--001 **150.00 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS 5/5/09 ☐ 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] 4/20/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR