

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043978

FILED
Apr 30, 2004
Secretary of State

Entity Name: CHACON ARIAS INC.

Current Principal Place of Business:

2605 S ORANGE AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

2605 S ORANGE AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3644104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHACON, EVELIO
5328 LONESOME DOVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHACON, EVELIO
Address: 5328 LONESOME DOVE
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD () Delete
Name: ARIAS, ANABEIBA
Address: 5328 LONESOME DOVE
City-St-Zip: KISSIMMEE, FL 34746

Title: TD () Delete
Name: CHACON, ANA MILENA
Address: 5328 LONESOME DOVE
City-St-Zip: KISSIMMEE, FL 34746

Title: SD () Delete
Name: CHACON, LILIANA MARIA
Address: 5328 LONESOME DOVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EVELIO CHACON

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date