

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050158

Entity Name: CHAOS RODS, INC.

FILED  
Apr 14, 2005  
Secretary of State

## Current Principal Place of Business:

UNITS 1313 & 1315 NORTH G CENTER  
1303 CENTRAL TER  
LAKE WORTH, FL 33460

## New Principal Place of Business:

## Current Mailing Address:

UNITS 1313 & 1315 NORTH G CENTER  
1303 CENTRAL TER  
LAKE WORTH, FL 33460

## New Mailing Address:

FEI Number: 65-1012152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTELLS, ADOLFO  
1441 LANTANA COURT  
WESTON, FL 33326 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: PS ( ) Delete  
Name: CASTELLS, ADOLFO  
Address: UNITS 1313 & 1315 NORTH G CENTER  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: CASTELLS, SUMMER  
Address: UNITS 1313 & 1315 NORTH G CENTER  
City-St-Zip: LAKE WORTH, FL 33460

Title: VT ( ) Delete  
Name: CONNLEY, BRYAN  
Address: UNITS 1313 & 1315 NORTH G CENTER  
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete  
Name: CONNLEY, JESSICA  
Address: UNITS 1313 & 1315 NORTH G CENTER  
City-St-Zip: LAKE WORTH, FL 33460

## 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: ADOLFO CASTELLS

PS

04/14/2005

Electronic Signature of Signing Officer or Director

Date