

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000050158

Entity Name: CHAOS RODS, INC.

FILED
Nov 28, 2007
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

OFFICERS AND DIRECTORS:Title: PT () Delete
Name: CASTELLS, ADOLFO
Address: UNITS 1313 & 1315 NORTH G CENTER
City-St-Zip: LAKE WORTH, FL 33460Title: D () Delete
Name: CASTELLS, SUMMER
Address: UNITS 1313 & 1315 NORTH G CENTER
City-St-Zip: LAKE WORTH, FL 33460Title: V () Delete
Name: CONNLEY, BRYAN
Address: UNITS 1313 & 1315 NORTH G CENTER
City-St-Zip: LAKE WORTH, FL 33460Title: S () Delete
Name: CONNLEY, JESSICA
Address: UNITS 1313 & 1315 NORTH G CENTER
City-St-Zip: LAKE WORTH, FL 33460Title: () Delete
Name:
Address:
City-St-Zip:**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: S (X) Change () Addition
Name: CASTELLS, ADOLFO
Address: UNITS 1313 & 1315 NORTH G CENTER
City-St-Zip: LAKE WORTH, FL 33460Title: D () Change (X) Addition
Name: CONNLEY, JESSICA
Address: UNITS 1313 & 1315 NORTH G CENTER
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PT

11/28/2007

Electronic Signature of Signing Officer or Director

Date