## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 03, 2002 8:00 am Secretary of State

DOCUMENT # 700000068142  1. Entity Name Chabou Enterprise, Inc.				06-03-2002 91193 046 ***550.00	
	- 1302 00 27(100			)	
	DO NOT WRITE	IN THIS SPA	ACE	674705	
	Place of Business 3 W Sunrise Bly	3. Mailing Address			
Suite, Apto#, etc.  Suite, Apto#, etc.  Suite, Apt. #, etc.			Mβ	DO NOT WRITE IN THIS SPACE	
City & St	usterdale Fla	City & State		4. FEI Number Applied F	or
Zip 333	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	cable
	- Maya			Fee Required  Name and Address of Current Registered Agent	
	DO NOT-WE		Name Yve	s-Rosa Severe-	
	IN THIS SPA	<del>-</del>	Street Address (P.	D. Box Number is Not Acceptable)  WW 42 02 Ave # 3-7	<b>V</b> Z
			City Pla	ntation FL Zip Code	7
8. The above	e named entity submits this statement for th	ne purpose of changing its regi	stered office or registered	agent, or both, in the State of Florida.	
SIGNATURE	Signatury typed or printed name of registered agent and	title if applicable. (NOTE: Reg	istered Agent signature required wh	en reinstating) DATE	}
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Amended		January 1 - May 1 After May 1, F	Fee is \$150.00 ee is \$550.00 BR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Industry Added to Fees	3e
1 (200 0.70		Make Check Payable to	Department of State	Added to rees	
11.	OFFICERS AND DIF	Make Check Payable to	Department of State	Added to Fees	
	Directo	Make Check Payable to	Department of State	Added to Fees	-
11. TITLE NAME STREET ADDRESS	Director New-Rose Savery	Make Check Payable to	Department of State  TITLÉ NAME STREET ADDRESS	Added to Fees	12/04
11. TITLE NAME	Director New-Rose Savery	Make Check Payable to RECTORS  A Ve # B-777  3 3 3 1 7	Department of State TITLÉ NAME	Added to Fees	E03/B (42/04)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director New-Rose Savery	Make Check Payable to	Department of State  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Added to Fees	CR2E024B (42/04)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Director New-Rose Savery	Make Check Payable to RECTORS  A Ve # 3-707  1 33317	Department of State  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	E034B (42/04)
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Director New-Rose Savery	Make Check Payable to RECTORS  Ave # 3-777	Department of State  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SAME SAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Added to Fees	E034B (42/04)
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11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director New-Rose Savery	Make Check Payable to RECTORS  Ave #3777  33377	Department of State  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Add of ees	E034B (42/04)
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11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE  Ves - Rose Severe  SSI NW 42 nd  Plantadion F	Make Check Payable to RECTORS  A Ve # 3-707  3 3 3 1 7	Department of State  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS TY-ST-ZIP TITLE AME TREET ADDRESS TY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP TITLE TREET ADDRESS TY-ST-ZIP	DO NOT WRITE	E034B (42/04)

Thereby certify that the information supplied with rins filling does not qualify for the exemption stated in Section 119.0/(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 11 or on an all statutes, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

Date

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