2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103044

Entity Name: CH & S, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13249 SW 50 ST. 16098 W. STATE RD. 84 **SUITE 1100** SUITE 2 MIRAMAR, FL 33027 SUNRISE, FL 33326 **Current Mailing Address: New Mailing Address:** 13249 SW 50 ST. 13249 SW 50 ST SUITE 1100 MIRAMAR, FL 33027 MIRAMAR, FL 33027 FEI Number: 65-1051555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAPMAN, JOSE F CHAPMAN, JOSE F 18646 NW 67 AVE. 13249 SW 50 MIRAMAR, FL 33027 **SUITE 1100** MIAMI LAKES, FL 33015 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.

Election Campaign Financing Trust Fund Contribution ().

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

SIGNATURE:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

04/29/2004

Date

Title: (X) Change () Addition () Delete Title: SANCHEZ, VIVIANA MARIA CHAPMAN, JOSE F PRESIDE Name: Name: 1101 BRICKELL AVENUE SUITE 1100 16098 W. STATE RD. 84 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: SUNRISE, FL 33326 Title: () Delete Title: SEC () Change (X) Addition SANCHEZ, VIVIANA M Name: Name: 13249 SW 50 ST Address: Address: MIRAMAR, FL 33027 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: ARRIETA, LUIS R Name: 16098 W STATE RD 84 Address Address:

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.

City-St-Zip:

SUNRISE, FL 33326

SIGNATURE: JOSE CHAPMAN PD 04/29/2004