2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P00000103044

Entity Name: CH & S, INC.

Current Principal Place of Business:

16098 W. STATE RD. 84
SUITE 2
SUNRISE, FL 33326

New Principal Place of Business:

8527 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33024

Current Mailing Address:

13249 SW 50 ST.
MIRAMAR, FL 33027

New Mailing Address:

8527 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33024

FEI Number: 65-1051555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, JOSE F
13249 SW 50
MIRAMAR, FL 33027 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: CHAPMAN, JOSE F PRESIDE
Address: 16098 W. STATE RD. 84
City-St-Zip: SUNRISE, FL 33326

Title: SEC ( ) Delete
Name: SANCHEZ, VIVIANA M
Address: 13249 SW 50 ST
City-St-Zip: MIRAMAR, FL 33027

Title: TR (X) Delete
Name: ARRIETA, LUIS R
Address: 16098 W STATE RD 84
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHAPMAN, JOSE F
Address: 8527 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

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: JOSE CHAPMAN PD 04/28/2005
Electronic Signature of Signing Officer or Director Date