

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103044

Entity Name: CH & S, INC.

FILED
Apr 08, 2006
Secretary of State

Current Principal Place of Business:

8527 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8527 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33024

New Mailing Address:

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:

SILVA'S ENTERPRISE, INC.
5220 S. UNIVERSITY DR.
SUITE C-102
DAVIE, FL 33328 US

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: FERNANDO SILVA

04/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOSE CHAPMAN

PD

04/08/2006

Electronic Signature of Signing Officer or Director

Date