



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000104147</b>		
1. Entity Name <b>CHACHO FARM CORP.</b>		
Principal Place of Business <b>20900 SW 376 ST FLORIDA CITY, FL 33034</b>		Mailing Address <b>20900 SW 376 ST FLORIDA CITY, FL 33034</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CAMPOS, EMIGDIO A 20900 SW 376 ST FLORIDA CITY, FL 33034</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	PSTD	
NAME	CAMPOS, EMIGDIO A	
STREET ADDRESS	20900 SW 376 ST	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	
TITLE	STD	
NAME	CAMPOS, DIANA J	
STREET ADDRESS	20900 SW 376 STREET	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Date: <b>7-10-06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1053236</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000571081  
07/19/06-80001-002-150.00