2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P01000026467

Entity Name: CHAD FLORIDA PROPERTIES CORP.

Current Principal Place of Business:

1320 S DIXIE HWY
SUITE 280
CORAL GABLES, FL 33146

New Principal Place of Business:

3850 TREE TOP DRIVE
WESTON, FL 33332

Current Mailing Address:

1320 S DIXIE HWY
SUITE 280
CORAL GABLES, FL 33146

New Mailing Address:

3850 TREE TOP DRIVE
WESTON, FL 33332

FEI Number: 68-1130494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ DE VARONA, RAUL
1320 S DIXIE HWY
SUITE 280
CORAL GABLES, FL 33146

Name and Address of New Registered Agent:

PARRA SILVA, ANTONIO
3850 TREE TOP DRIVE
WESTON, FL 33332

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: ANTONIO PARRA SILVA 04/13/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SILVA, ANTONIO PARRA
Address: 1320 S DIXIE HWY STE 280
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete
Name: OCHOA VARGAS, RUTH
Address: 1320 S DIXIE HWY STE 280
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PARRA SILVA, ANTONIO
Address: 3850 TREE TOP DRIVE
City-St-Zip: WESTON, FL 33332

Title: D (X) Change ( ) Addition
Name: OCHOA VARGAS, RUTH
Address: 3850 TREE TOP DRIVE
City-St-Zip: WESTON, FL 33332

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: ANTONIO PARRA SILVA D 04/13/2004
Electronic Signature of Signing Officer or Director Date