


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000069948
 1. Entity Name
CHEHAB SYSTEMS, INC.



Principal Place of Business 1827 SAINT LAWRENCE WAY JACKSONVILLE, FL 32223	Mailing Address 1827 SAINT LAWRENCE WAY JACKSONVILLE, FL 32223
--	--

DO NOT WRITE IN THIS SPACE



07072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3735387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHEHAB, NASSER F
 1827 SAINT LAWRENCE WAY
 JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHEHAB, NASSER F 1827 SAINT LAWRENCE WAY JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000771072
 08/01/07-80003-016 158.75

DO NOT WRITE IN THIS SPACE

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: *N. Chehab* 7-23-07 904-268-9925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #