

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90006 031 ***150.00

DOCUMENT # P01000089067

1. Entity Name
CHADWICK HOLDINGS OF FLORIDA INC.



Principal Place of Business
19333 COLLINS AVE., #708
SUNNY ISLES, FL 33160

Mailing Address
19333 COLLINS AVE., #708
SUNNY ISLES, FL 33160

94008440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

52-2345053

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGHION, JACQUES
19333 COLLINS AVE., #708
SUNNY ISLES, FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AGHION, JACQUES
2588 SW 27TH AVE
MIAMI, FL 33133 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AGHION JACQUES
19333 COLLINS AVE #708
SUNNY ISLES FL 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AGHION, REBECA
2588 SW 27TH AVE
MIAMI, FL 33133 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AGHION REBECA
19333 COLLINS AVE #708
SUNNY ISLES FL 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: JACQUES AGHION

JAN/04

305-5024402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #