

Florida Department of  
**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P01000092096

1. Entity Name  
**CHACHO INTERNATIONAL CORP.**



Principal Place of Business  
**2100 W 76 STREET  
 SUITE 501  
 HIALEAH, FL 33012**

Mailing Address  
**2100 W 76 STREET  
 SUITE 501  
 HIALEAH, FL 33012**

2. Principal Place of Business - No P.O. Box  
**2100 W 76 ST**

Suite, Apt #, etc.  
**Suite 512**

City & State  
**Hialeah, FL**

Zip  
**33016**

Country

3. Mailing Address  
**2100 W. 76 St.**

Suite, Apt #, etc.  
**Suite 512**

City & State  
**Hialeah**

Zip  
**33016**

Country

03212007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1135546**

Applied For  
 Not Applicable

5. Certificate of Status Desired -  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, CINDY  
 2100 W 76 ST STE 501  
 HIALEAH, FL 33012

Name  
**JUAN RODRIGUEZ**

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

**2100 W. 76 ST. STE 512**

City  
**Hialeah** FL Zip Code  
**33016**

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 remodeling)

**3/22/2007**

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 RODRIGUEZ, JUAN  
 2100 W 76 STREET  
 HIALEAH, FL 33012**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Add

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

Change  Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUAN RODRIGUEZ  
 PRESIDENT**

**3/22/07 (305)822-7833**

Date

Daytime Phone #

**FILED  
 May 14, 2007 8:00 am  
 Secretary of State**

04-20-2007 90200 032 \*\*\*150.00