

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Florida Department of  
4/1

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

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

**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**

**66014786**

2. Principal Place of Business - No P.O. Box

**2100 W 76 ST.**

3. Mailing Address

**2100 W. 76 ST.**

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

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

City & State  
**Hialeah, FL**

City & State  
**Hialeah**

Zip  
**33012**

Country

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**

7. Name and Address of New Registered Agent

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

**JUAN RODRIGUEZ**  
**Reg. Agt.**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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:

**JUAN RODRIGUEZ**  
**PRESIDENT**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #