

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90023 007 ***150.00

DOCUMENT # P01000097873

1. Entity Name
C. H. FERRARI, INC.



Principal Place of Business
~~3628 DUNES VISTA DRIVE~~
~~POMPAHO BEACH, FL 33069~~

Mailing Address
~~7777 GLADES RD~~
~~200~~
~~BOCA RATON, FL 33434~~

50064444



2. Principal Place of Business
319 SW 14 AVE
Suite, Apt. #, etc.

3. Mailing Address
319 SW 14 AVE
Suite, Apt. #, etc.

07212005 Chg-P CR2E034 (10/03)

City & State
Pompano Beach FL
Zip Country
33069 US
33069 US

4. FEI Number
65-1140396
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAHONEY, ROBERT F CPA
7777 GLADES RD
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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 P
NAME FERRARI, CHARLES ☐ Delete
STREET ADDRESS 3628 DUNES VISTA DRIVE
CITY-ST-ZIP POMPAHO BEACH, FL 33069

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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 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 CHARLES FERRARI 7/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
50064444

C.H. FERRARI, INC.
319 SW 14th Avenue
Pompano Beach, FL 33069

July 20, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

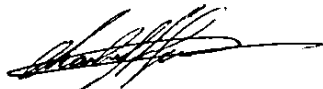
RE: C.H. Ferrari, Inc.
P01000097873

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the above noted corporation. Please be advised that we did not receive the UBR. Also enclosed is a check in the amount of \$150.

Thank you.

Very truly yours,



Charles Ferrari
President