

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90181 029 ***150.00

DOCUMENT # P01000102674

1. Entity Name
CHAPARRAL CORPORATION



Principal Place of Business
**601 E. ROSERY RD. N.E.
LARGO, FL 33770**

Mailing Address
**4420 FM 1960 WEST
SUITE 224
HOUSTON, TX 77068**

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3019391

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEATING, JOHN K
749 NORTH GARLAND AVENUE
SUITE 101
ORLANDO, FL 32801**

**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 _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **YALAMANCHILI, CHOWDARY MR.**
STREET ADDRESS **4420 FM 1960 WEST #224**
CITY-ST-ZIP **HOUSTON, TX 77068**

TITLE **D**
NAME **FERUCCI, MARK A MR.**
STREET ADDRESS **1209 ORANGE STREET**
CITY-ST-ZIP **WILMINGTON, DE 19801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olga Omandam

4/22/05

Date

2814441585

Daytime Phone #