

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**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**



04162007 No Chg-P CR2E034 (11/05)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

**U00000741538  
05/15/07-80036-002 150.00**

**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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**4-23-07**  
Date

**2814441585**  
Daytime Phone #