
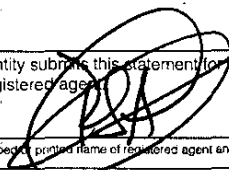
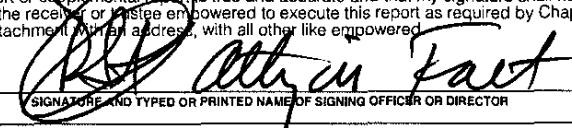


\$150

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIO
04 MAY -6 AM 8:00

DOCUMENT # P02000005786			
1. Entity Name CHINCHORRO CORP.			
Principal Place of Business 1101 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131		Mailing Address 1101 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131	
2. Principal Place of Business 1401 BRICKELL AVE.		3. Mailing Address 1401 BRICKELL AVE.	
Suite, Apt. #, etc. STE. 825		Suite, Apt. #, etc. STE. 825	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country USA	Zip 33131	Country USA
6. Name and Address of Current Registered Agent SANCHEZ-ABALLI, RAFAEL ESQ. 1101 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: SANCHEZ-ABALLI, RAFAEL Street Address (P.O. Box Number is Not Acceptable): 1401 BRICKELL AVE., STE. 825 City: MIAMI FL Zip Code: 33131	
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: 		DATE: 4/29/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: GUZMAN MATTA, JOSE A STREET ADDRESS: 1101 BRICKELL AVENUE, SUITE 1400 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: D NAME: GUZMAN MATTA, JOSE A. STREET ADDRESS: 1401 BRICKELL AVE., STE. 825, MIAMI, FL CITY-ST-ZIP: 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GUZMAN CRUZAT, NICOLAS STREET ADDRESS: 1101 BRICKELL AVENUE, SUITE 1400 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: D NAME: GUZMAN CRUZAT, NICOLAS STREET ADDRESS: 1401 BRICKELL AVE., STE. 825, MIAMI, FL CITY-ST-ZIP: 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LARRAIN DOGGENWEILER, JUAN A STREET ADDRESS: 1101 BRICKELL AVENUE, SUITE 1400 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: D NAME: LARRAIN DOGGENWEILER, JUAN A. STREET ADDRESS: 1401 BRICKELL AVE., STE. 825, MIAMI, FL CITY-ST-ZIP: 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 300036075763 CITY-ST-ZIP: 05/11/04--01100--001 **4100.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: 		DATE: 4/29/04 (305) 373-0330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	