

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90282 028 ***150.00

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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**

11032523



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0578910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ-ABALLI, RAFAEL ESQ.
1101 BRICKELL AVENUE, SUITE 1400
MIAMI FL 33131**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D GUZMAN MATTA, JOSE A		NAME	
STREET ADDRESS 1101 BRICKELL AVENUE, SUITE 1400		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33131		CITY-ST-ZIP	
NAME D GUZMAN CRUZAT, NICOLAS		NAME	
STREET ADDRESS 1101 BRICKELL AVENUE, SUITE 1400		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33131		CITY-ST-ZIP	
NAME D LARRAIN DOGGENWEILER, JUAN A		NAME	
STREET ADDRESS 1101 BRICKELL AVENUE, SUITE 1400.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33131		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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 an other like empowered.

SIGNATURE: SIGNATURE OF RAFAEL ESQ. SANCHEZ-ABALLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

305-373-0330

Date

Daytime Phone #

CR2E034 (10/02)