


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000039821
 1. Entity Name
 CHACON BRIDAL & PHOTO STUDIO, INC.



Principal Place of Business Mailing Address
 13403 SW 56TH ST 13403 SW 56TH ST
 MIAMI, FL 33175 MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 33-1000160 Not Applicable

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

6. Name and Address of Current Registered Agent
 CHACON, WALFRIDO
 12844 SW 48TH TERR
 MIAMI, FL 33175

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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: Walfrido Chacon DATE: 3/22/04
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHACON, WALFRIDO 12844 SW 48TH TERR MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARRABEITG, ISSEL 12844 SW 48TH TERR MIAMI, FL 33175
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 03/25/04-80025-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Walfrido Chacon Date: 3/22/04 Daytime Phone #: (305) 553-4737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #