


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90825 027 ***150.00

DOCUMENT # P02000040219 1. Entity Name CHIVA'S EXPRESS, INC.	
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Principal Place of Business 8110 NW 156 TERRACE MIAMI, FL 33018	Mailing Address 8110 NW 156 TERRACE MIAMI, FL 33018
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DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0090805

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

Applied For
☒ Not Applicable

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M
799 BRICKELL PLAZA SUITE 700
MIAMI, FL 33131

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, MARIANO 8110 NW 156TH TERRACE HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENRA, OCTAVIO 18801 NW 2ND AVE MIAMI, FL 33169
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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:  **President** 4/25/01 305 364 8848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #