2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 02, 2007 08:00 AM DOCUMENT # P02000046963 **Secretary of State** 1. Entity Name CH LAND SURVEYING, INC. Principal Place of Business Mailing Address 15969 NW 64 AVE #114 15969 NW 64 AVE #114 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 CR2E034 (11/05) 01122007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0437411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HERNANDEZ, CARLOS A DO NOT WRITE 15969 NW 64 AVE #114 MIAMI LAKES, FL 33014 IN THIS SPACE 8. The above named entity submi 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 (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TETLE HERNANDEZ, CARLOS A NAME STREET ADDRESS 15969 NW 64 AVE #114 U000000617464 CITY-ST-ZIP MIAMI LAKES, FL 33014 02/07/07-80076-008 150.00 TELLE HERNANDEZ, ANA ELVIA NAME STREET ADDRESS 15969 NW 64 AVE #114 MIAMI LAKES, FL 33014 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. Thereby 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 appurate 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 a radity of writing lighter like ompowered.

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

SIGNATURE: x GNING OFFICER OR DIRECTOR Daytime Phone 8