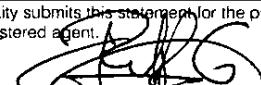


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jun 28, 2007 8:00 am
Secretary of State**

06-28-2007 90001 046 ***150.00

DOCUMENT # P02000049109		
1. Entity Name CHAVITO, CORP		
Principal Place of Business 6837 BROADMOOR NORTH LAUDERDALE, FL 33068		Mailing Address 6837 BROADMOOR NORTH LAUDERDALE, FL 33068
2. Principal Place of Business - No P.O. Box # <i>14625 shotgun Rd.</i>		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>DAVIE FL</i>		City & State
Zip <i>33325</i>	Country	Zip
6. Name and Address of Current Registered Agent		
RAUL REYES C 6837 BROADMOOR NORTH LAUDERDALE, FL 33068		
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 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete REYES, PAUL 6837 BROADMOOR POMPANO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Reyes RAUL 14625 shotgun Rd. DAVIE FL 33325</i>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 title empowered.		
SIGNATURE:  <i>6/19/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Daytime Phone #		