

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90006 011 ***400.00

DOCUMENT # P02000058051

1. Entity Name
JUAN CHICHA CORP



Principal Place of Business

**9999 NW 89 AVE., #4
MEDLEY, FL 33178**

Mailing Address

**9999 NW 89 AVE., #4
MEDLEY, FL 33178**

54072816



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08172004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
04-3680044

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**COUTTENYE, DANIEL
9999 NW 89 AVE., #4
MEDLEY, FL 33178**

7. Name and Address of New Registered Agent

Name **ANTONIO HERRERA**
Street Address (P.O. Box Number is Not Acceptable) **9999 NW 89 AVE #4**
City **MEDLEY** **FL** Zip Code **33178**

8. The above named entity supports 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)

8-17-04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **LANGE, RAMON**
CITY-ST-ZIP **9999 NW 89 AVE., #4
MEDLEY, FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPSD**
STREET ADDRESS **RUBOS, FLAVIO**
CITY-ST-ZIP **9999 NW 89 AVE., #4
MEDLEY, FL 33178**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **RUBOS, FLAVIO**
CITY-ST-ZIP **9999 NW 89 AVE #4
MEDLEY, FL 33178**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LAMMILFO, SANTO**
CITY-ST-ZIP **9999 NW 89 AVE., #4
MEDLEY, FL 33178**

TITLE ☒ Change ☐ Addition
NAME **DPRECTOR**
STREET ADDRESS **LANDOLFO, SANTO**
CITY-ST-ZIP **9999 NW 89 AVE #4**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **ANTONIO HERRERA**
CITY-ST-ZIP **9999 NW 89 AVE #4
MEDLEY FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-04

Date

Daytime Phone #

(305) 8052233