
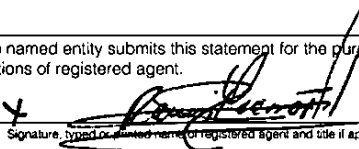
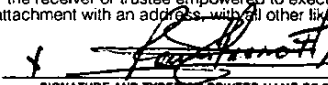


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90005 024 \*\*\*150.00

<b>DOCUMENT # P02000061130</b> 1. Entity Name <b>CHILVEN INSTALLATION, INC.</b>					
Principal Place of Business <b>1225 SW 8TH ST., APTO 152</b> <b>MIAMI, FL 33135</b>			Mailing Address <b>1225 SW 8TH ST., APTO 152</b> <b>MIAMI, FL 33135</b>		
2. Principal Place of Business <b>337 SW. 36 AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>337 SW. 36 AVENUE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL.</b>		4. FEI Number <b>81-0554597</b>	
Zip <b>33135</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PIZARRO, RAMON</b> <b>102 SW 16TH AVE.</b> <b>MIAMI, FL 33135</b>			7. Name and Address of New Registered Agent Name <b>PIZARRO, RAMON</b> Street Address (P.O. Box Number is Not Acceptable) <b>337 SW. 36 AVENUE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33135</b>		
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  <b>RAMON PIZARRO</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>PRESIDENT</b> DATE <b>3/17/06</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b> NAME <b>PIZARRO, RAMON</b> STREET ADDRESS <b>102 SW 16TH AVE.</b> CITY-ST-ZIP <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete		TITLE <b>PD</b> NAME <b>PIZARRO, RAMON</b> STREET ADDRESS <b>337 SW 36 AVE.</b> CITY-ST-ZIP <b>MIAMI, FL, 33135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 like empowered.					
SIGNATURE:  <b>RAMON PIZARRO</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PRESIDENT</b>			Date <b>3/17/06</b> Daytime Phone # <b>(786) 897-2349</b>		