

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061279

Entity Name: CHIKI BUSTAMANTE, INC.

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

263 39TH AVENUE NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

263 39TH AVENUE NE  
ST. PETERSBURG, FL 33703

**New Mailing Address:**

FEI Number: 51-0433235      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSTAMANTE, VIVIAN G  
263 39TH AVENUE NE  
ST. PETERSBURG, FL 33703      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BUSTAMANTE, VIVIAN G  
Address: 263 39TH AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: V      ( ) Delete  
Name: BUSTAMANTE, JOEL I  
Address: 263 39TH AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      ( ) Change (X) Addition  
Name: BUSTAMANTE-MIRAND, JUN J  
Address: 263 39TH AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN G BUSTAMANTE

P

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date