


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2006 90001 021 ***158.75

DOCUMENT # P02000088936			
1. Entity Name CHIJOSE, INC.			
Principal Place of Business 11402 NW 41 ST.,#211 MIAMI, FL 33178		Mailing Address 11402 NW 41 ST.,#211 MIAMI, FL 33178	
2. Principal Place of Business 10090 SW 26 ST		3. Mailing Address 10090 SW 26 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
4. FEI Number 51-0436324		Applied For Not Applicable	
Zip 33165		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, DORYS 11402 NORTHWEST 41 STREET SUITE 211 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name PEREZ, MARIA Street Address (P.O. Box Number is Not Acceptable) 10090 SW 26 STREET City MIAMI FL Zip Code 33165	
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 <u>MARIA PEREZ</u> <i>María Pérez</i> <u>3-17-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ADELIA 11402 NW 41 ST.,#211 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10090 SW 26 ST MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>ANALYS MARQUEZ</u> <i>Analy Marquez</i>		Date <u>3/17/06</u> Daytime Phone # <u>786-3033490</u>	