

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90042 007 ***158.75

DOCUMENT # P02000088936

1. Entity Name
 CHIJOSE, INC.



Principal Place of Business
 10090 SW 26 ST
 MIAMI, FL 33165

Mailing Address
 10090 SW 26 ST
 MIAMI, FL 33165

40007320



DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0436324	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEREZ, MARIA
 10090 SW 26 STREET
 MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ADELIA 10090 SW 26 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ADELYS 10090 SW 26 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ANALYS 10090 SW 26 ST MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Analyis M. Marquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Analyis M. Marquez

1/29/07

Date

786-3033490

Daytime Phone #