

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90186 038 \*\*\*150.00

**DOCUMENT # P02000123035**

1. Entity Name  
**QUE CHINGAUS, INC.**



Principal Place of Business  
**7127 N PINE ISLAND RD  
TAMARAC, FL 33321**

Mailing Address  
**7127 N PINE ISLAND RD  
TAMARAC, FL 33321**

**60037263**



2. Principal Place of Business  
**8221 GLADES RD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**8221 GLADES RD.**  
Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State  
**BOCA RATON, FL.**

City & State  
**BOCA RATON, FL.**

4. FEI Number  
**45-0491297**

Applied For  
Not Applicable

Zip  
**33434**

Country

Zip  
**33434**

Country

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

6. Name and Address of Current Registered Agent

**MANN & WOLF, LLP  
4300 N UNIVERSITY DR  
SUITE C-203  
SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **COHEN, ISAAC**  
CITY-ST-ZIP **8221 GLADES RD.  
BOCA RATON, FL 33434**

TITLE ☒ Delete  
NAME **VP**  
STREET ADDRESS **GICH, PEOLA**  
CITY-ST-ZIP **7127 N. PINE ISLAND RD.  
TAMARAC, FL 33321**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**X 4/79/06**

**ATTACHMENT**  
**FELDMAN, FELDMAN & ASSOC., P.A.**  
**CERTIFIED PUBLIC ACCOUNTANTS**  
**9858 CLINT MOORE ROAD, C111 #253**  
**BOCA RATON, FL 33496**  
**(561) 994-3733 • FAX (561) 994-3262**

160037263  
# P02000123035

**INSTRUCTION SHEET**

TO: Que Chingaus, Inc.

DATE: 3/29/06

FORM: Annual Report

FORM(S) MUST BE SIGNED, DATED AND TITLE AFFIXED BY:

Corporate Officer

Fiduciary

On the line marked X

Partner

Taxpayer

No signature necessary

AMOUNT OF CHECK \$ 150

Made Payable To: FL - Dept. of State

MAIL:

Check

Form(s)

Depository Coupon – Fill In: Type of Tax \_\_\_\_\_

Tax Period \_\_\_\_\_ Qtr

MAIL TO/ DELIVER TO:

Internal Revenue Service  
Atlanta, GA 39901

Internal Revenue Service  
Ogden, UT 84201

Internal Revenue Service  
Dallas, TX 75266

Florida Dept of Revenue  
5050 W Tennessee Street  
Tallahassee, FL 32399

Your Bank

Your Employee

Use Envelope Attached

Recipient

SO AS TO BE POSTMARKED NOT LATER THAN: May 1, 2006