


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000129385	
1. Entity Name CHATOS INC.	

Principal Place of Business 2361 SOUTH WEST 161ST AVENUE MIRAMAR, FL 33027	Mailing Address 2361 SOUTH WEST 161ST AVENUE MIRAMAR, FL 33027
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04182004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3674517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ALEXANDER, KATHERINE E 19930 NORTH WEST 83RD AVENUE HIALEAH, FL 33015	

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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000123215 04/21/04-80062-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, ROLANDO 2361 SOUTH WEST 161ST AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GONZALEZ, REINA 2361 SOUTH WEST 161ST AVENUE MIRAMAR, FL 33027
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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 exemption stated in Section 119.07(3)(f), 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: 	4/16/04 (305) 829-4449
<small>SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> REINA GONZALEZ Secy-Treas.	<small>Date Daytime Phone #</small>