

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019802

FILED
Apr 26, 2004
Secretary of State

Entity Name: CHIMENE CORP

Current Principal Place of Business:

8293 CHAMPIONS GATE BLVD
CHAMPIONS GATE, FL 33896

New Principal Place of Business:

Current Mailing Address:

PO BOX 736
LOUGHMAN, FL 33858

New Mailing Address:

FEI Number: 42-1587548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEXAGON INTERNATIONAL, INC
6205 LAKE WILSON RD
SUITE C
DAVENPORT, FL 33896

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: PS () Delete
Name: BENZAKEN, JEAN-PAUL
Address: 8293 CHAMPIONS GATE BLVD
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: VT () Delete
Name: BENZAKEN, CORINNE
Address: 8293 CHAMPIONS GATE BLVD
City-St-Zip: CHAMPIONS GATE, FL 33896

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENZAKEN, JEAN-PAUL
Address: 8293 CHAMPIONS GATE BLVD
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: V (X) Change () Addition
Name: BENZAKEN, CORINNE
Address: 8293 CHAMPIONS GATE BLVD
City-St-Zip: CHAMPIONS GATE, FL 33896 US

Title: TS () Change (X) Addition
Name: LE HELLEY, BERTRAND
Address: 8293 CHAMPIONS GATE BLVD
City-St-Zip: CHAMPIONS GATE, FL 33896 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEAN PAUL BENZAKEN

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04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date