

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046294

FILED
Apr 01, 2008
Secretary of State

Entity Name: PRO CHIPS REPAIR, INC.

Current Principal Place of Business:

11933 SW 15TH STREET
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

18155 SW 3RD ST.
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

11933 SW 15TH STREET
PEMBROKE PINES, FL 33025 US

New Mailing Address:

18155 SW 3RD ST.
PEMBROKE PINES, FL 33029 US

FEI Number: 51-0457995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEEPERSAD, KATHERINE
11933 SW 15TH STREET
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

SEEPERSAD, KATHERINE
18155 SW 3RD ST.
PEMBROKE PINES, FL 33029 US

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:

04/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEEPERSAD, KATHERINE
Address: 11933 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEEPERSAD, KATHERINE
Address: 18155 SW 3RD ST.
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHERINE SEEPERSAD

P

04/01/2008

Electronic Signature of Signing Officer or Director

Date