## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 19, 2004 8:00 am Secretary of State

DOCUMENT # P03000072015  1. Entity Name CHIRY INC					03-19-2004 90051 003 ***150.00 07-19-2004 90008 031 ***150.00				
Principal Place	of Business	Mailing Address	1.					^ ^ ^	
10048 NW 128 TERR HIALEAH GARDENS, FL 33018 FL		10048 NW 128 TERR Hialeah Gardens, FL 33018		B FL					320
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07122004	Chg-P	CR2E034 (1	0/03)	
City & State		City & State			4. FEI Number	053812	İ	- +	plied For t Applicable
Zip	Country	Zip	Count	ry ,	5. Certificate of	Status Desired		<b>5</b> Addi	
	6. Name and Address of Current I	Registered Agent		<del>;</del>	7. Name and A	ddress of New Re	gistered Agent		
LOPEZ, FERMIN 10048 NW 128 TERR HIALEAH GARDENS, FL 33018				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zi	ip Code	)
	amed entity submits this statement for	r the purpose of changing its	registere	d office or register	red agent, or both,	in the State of Flor	ida. I am familia	r with, a	and accept
the obligation	ns of registered agent.	<b></b>							
SIGNATURE	ignates, typed or primeo name of registered agent a	and title if applicable. (NOTE	E: Registered	I Agent signature required	I when reinstating)		DATE		
En e	u	• 1			1				
	E NOW!!! FEE IS \$150.00 e by September 8, 2004	9. Election Campai Trust Fund Cont			.00 May Be ed to Fees	In accordance wi corporation did n	th s. 607.193( ot receive the	2)(b), F prior n	F.S., the otice.
10.	e by September 8, 2004 OFFICERS AND	Trust Fund Cont	ribution.	Add	ed to Fees	In accordance wi corporation did n	ot receive the	CTORS	S IN 11
10.	e by September 8, 2004	Trust Fund Cont	ribution.	Add	ed to Fees	corporation did n	ot receive the	prior n	otice.
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12. Thereby certify that the information supplied with this hind boes not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Fluriner 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:

IRP AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone #