


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90101 007 \*\*\*158.75

<b>DOCUMENT # P03000082769</b>	
1. Entity Name <b>CHESTYLE CORPORATION</b>	

Principal Place of Business <b>2369 WEST 80TH STREET BUILDING 1 UNITS 2 HIALEAH, FL 33016</b>	Mailing Address <b>2369 WEST 80TH STREET BUILDING 1 UNITS 2 HIALEAH, FL 33016</b>
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2. Principal Place of Business <b>6500 W 20 Ave</b>	3. Mailing Address <b>6500 W 20 Ave</b>
Suite, Apt. #, etc. <b>Bay # 8 &amp; #9</b>	Suite, Apt. #, etc. <b>Bay # 8 &amp; #9</b>
City & State <b>Makabeh, FL</b>	City & State <b>Makabeh, FL</b>
Zip <b>33016</b>	Country <b>USA</b>



04142006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0134300</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CARCANO, JUAN C 5235 NW 181 TERRACE MIAMI, FL 33055</b>	
7. Name and Address of New Registered Agent Name <b>Carcano, Juan C</b> Street Address (P.O. Box Number is Not Acceptable) <b>6500 W 20 Ave</b> <b>Bay # 8 &amp; #9</b> City <b>Makabeh</b> FL Zip Code <b>33016</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARCANO, JUAN C 17830 NW 52ND AVE MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Juan C. Carcano* **4/14/06** **786-457-3886**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #