

ANNUAL REPORT

DOCUMENT # P03000109522

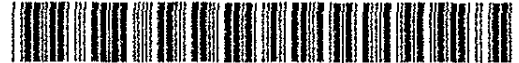
1. Entity Name
CHALBERT INVESTMENT CORP.



FILED
Feb 09, 2004 08:00 AM
Secretary of State

Principal Place of Business
1697 PASSION VINE CIRCLE
WESTON, FL 33326 US

Mailing Address
1697 PASSION VINE CIRCLE
WESTON, FL 33326 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
161685303

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRERO, GLORIA
1697 PASSION VINE CIRCLE
WESTON, FL 33326

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
CHALBAUD, LISETTE
1697 PASSION VINE CIRCLE
WESTON, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
RADULESCU, SILVIA
1697 PASSION VINE CIRCLE
WESTON, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
CHALBAUD, ALBERTO
1697 PASSION VINE CIRCLE
WESTON, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000000041414 ☐ Change ☐ Addition
02/09/04-80088-010 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
☐ Delete

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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/04

Florida Statute 607