


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90222 021 \*\*\*150.00

<b>DOCUMENT # P03000120411</b> 1. Entity Name <b>CHIA'S SERVICES CORP.</b>					
Principal Place of Business <b>624 RENAISSANCE POINTE BLVD # 102 ALTAMONTE SPRINGS FL 32714</b>			Mailing Address <b>624 RENAISSANCE POINTE BLVD # 102 ALTAMONTE SPRINGS FL 32714</b>		
2. Principal Place of Business <b>15400 SW 99 LANE</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>MIAMI FLORIDA</b>		City & State _____		4. FEI Number <b>20-0938430</b>	
Zip <b>33196</b>		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PADILLA, MARIA P 624 RENAISSANCE POINTE BLVD # 102 ALTAMONTE SPRINGS FL 32714</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADILLA, MARIA P 624 RENAISSANCE POINTE BLVD, # 102 624 RENAISSANCE POINTE BLVD, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PADILLA MARIA P 15400 SW 99 LANE MIAMI FL. 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHIA, CHRISTIAN B 624 RENAISSANCE POINTE BLVD, # 102 624 RENAISSANCE POINTE BLVD, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHIA CHRISTIAN 15400 SW 99 LANE MIAMI FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b>  <b>VP</b> <span style="float: right;"><b>4/4/04</b> <b>305/753-5985</b></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					