## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE

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## Secretary of State 02-07-2006 90018 011 \*\*\*150.00 DOCUMENT # P03000121530 1. Entity Name CHANTEL INVESTMENT, INC. 4UV Principal Place of Business Mailing Address 19620 NE 19 AVE 19620 NE 19 AVE NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 02-0710973 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, AILIN C Street Address (P.O. Box Number is Not Acceptable) 19620 NE 19 AVE NORTH MIAMI BEACH, FL 33179 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 2-2-06 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition ☐ Channe RODRIGUEZ, TOMA'S A NAME NAME STREET ADDRESS 19620 NE 19 AVE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition RIOS, LOILA C NAME STREET ADDRESS 19620 NF 19 AVE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH; FL 33179 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition RODRIGUEZ, AILIN C NAME NAME STREET ADDRESS 19620 NE 19 AVE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP TOTALE ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ACCOREGS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED Feb 07, 2006 8:00 am

Daytime Phone #