

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000121530

1. Entity Name  
CHANTEL INVESTMENT, INC.



Principal Place of Business  
19620 NE 19 AVE  
NORTH MIAMI BEACH, FL 33179

Mailing Address  
19620 NE 19 AVE  
NORTH MIAMI BEACH, FL 33179



05132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0710973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, AILIN C  
19620 NE 19 AVE  
NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE  
IN THIS SPACE**

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: *Tomás A. Rodríguez* *Tomás A. Rodríguez*

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

(NOTE: Registered Agent signature required when re-stating)

05-14-08

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RODRIGUEZ, TOMA'S A
STREET ADDRESS	19620 NE 19 AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179

TITLE	V
NAME	RIOS, LOILA C
STREET ADDRESS	19620 NE 19 AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179

TITLE	T
NAME	RODRIGUEZ, AILIN C
STREET ADDRESS	19620 NE 19 AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80048-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Tomás A. Rodríguez* *Tomás A. Rodríguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-14-08

Date

Daytime Phone