


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90104 020 ***150.00

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|--|--|--|--|--|--|
| DOCUMENT # P03000145285 1. Entity Name C. & H. SANDBLASTING CORP. | | | |  | |
| Principal Place of Business 1041 ATLANTIC AVE OPA LOCKA, FL 33054 | | | Mailing Address 3340 NW 95 TERRACE MIAMI, FL 33147 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1041 ATLANTIC AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State OPA LOCKA FLORIDA | | 4. FEI Number 20-0467152 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 33054 | | USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CHAVIANO, HUMBERTO 3340 NW 95 TERRACE MIAMI, FL 33147 | | | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1041 ATLANTIC AVE City OPA LOCKA FL Zip Code 33054 | |
| 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: <i>x Humberto Chaviano</i> DATE: 01/12/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD CHAVIANO, HUMBERTO 3340 NW 95 TERRACE MIAMI, FL 33147 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHAVIANO, HUMBERTO 1041 ATLANTIC AVE OPA LOCKA FLORIDA 33054 <input checked="" 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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| 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: <i>x Humberto Chaviano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 01/12/2007 (786) 290-2119 <small>Date Daytime Phone #</small> | | |

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01122007 Chg-P CR2E034 (12/06)