

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90001 037 ***150.00

DOCUMENT # - P030C0147019



1. Entity Name
 CHAN ENTERPRISES INC.

Principal Place of Business
 7116 GULF BLVD
 STE C
 ST. PETE BCH FL 33706

Mailing Address
 7116 GULF BLVD
 STE C
 ST. PETE BCH FL 33706



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

DAVID, GREENBERG
 14219 WALSINGHAM RD
 A
 LARGO FL 33774

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	P CIANFRONE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	136 MARCDALE BLVD	
CITY-ST-ZIP	INDEIAN ROCKS BCH FL 33785	
TITLE NAME	V CIANFRONE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	136 MARCDALE BLVD	
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	
TITLE NAME	S CIANFRONE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	136 MARCDALE BLVD	
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	
TITLE NAME	T CIANFRONE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	136 MARCDALE BLVD	
CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Robert Cianfrone Robert Cianfrone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8-16-04 Daytime Phone # 727-367-1022