

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90131 020 ***158.75

DOCUMENT # P03000155528

1. Entity Name
CZCHESTOWA GROUP HOME INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>19801 NW MIAMI CT</u>		3. Mailing Address <u>19801 NW MIAMI CT</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>	City & State <u>MIAMI FL</u>
Zip <u>33169</u>	Country <u>MIAMI-DADE</u>	Zip <u>33169</u>	Country <u>DADE COUNTY</u>

40043581

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4. FEI Number <u>542137111</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>YVELINE ACHILLE</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>19801 NW MIAMI CT</u>	
	City <u>MIAMI</u>	Zip Code <u>33169</u>

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <u>PRESIDENT (P)</u>	NAME <u>ACHILLE, YVELINE</u>	TITLE	NAME
STREET ADDRESS <u>19801 NW MIAMI CT</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY ST ZIP <u>MIAMI FL 33169</u>	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP
TITLE <u>VICE PRESIDENT (VP)</u>	NAME <u>CHARLES, LESLY</u>	TITLE	NAME
STREET ADDRESS <u>19801 NW MIAMI CT</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY ST ZIP <u>MIAMI FL 33169</u>	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP
TITLE <u>VICE PRESIDENT (VP)</u>	NAME <u>ACHILLE, YVELINE</u>	TITLE	NAME
STREET ADDRESS <u>19801 NW MIAMI CT</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY ST ZIP <u>MIAMI FL 33169</u>	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP
TITLE <u>RA (RA)</u>	NAME <u>ACHILLE, YVELINE</u>	TITLE	NAME
STREET ADDRESS <u>19801 NW MIAMI CT</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY ST ZIP <u>MIAMI FL 33169</u>	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP
TITLE <u>TREASURER T</u>	NAME <u>ACHILLE, YVELINE</u>	TITLE	NAME
STREET ADDRESS <u>19801 NW MIAMI CT</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY ST ZIP <u>MIAMI FL 33169</u>	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP
TITLE <u>DIRECTOR D</u>	NAME <u>CHARLES, LESLY</u>	TITLE	NAME
STREET ADDRESS <u>19801 NW MIAMI COURT</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY ST ZIP <u>MIAMI FL 33169</u>	CITY ST ZIP	CITY ST ZIP	CITY ST ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **3/29/06** **305 396-6141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)