


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000155528 1. Entity Name CZCHESTOWA GROUP HOME INC.	
--	---

Principal Place of Business 19801 NW MIAMI COURT MIAMI, FL 33169 US	Mailing Address 19801 NW MIAMI COURT MIAMI, FL 33169 US
---	---



04052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2137111	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ACHILLE, YVELINE 19801 NW MIAMI COURT MIAMI, FL 33169
--

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACHILLE, YVELINE 19801 NW MIAMI COURT MIAMI, FL 33169-336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES, LESLY 19801 NW MIAMI CT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACHILLE, YVELINE 19801 NW MIAMI CT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA ACHILLE, YVELINE 19801 NW MIAMI CT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACHILLE, YVELINE 19801 NW MIAMI CT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLY, CHARLES 19801 NW MIAMI CT MIAMI, FL 33169

000000923437
05/16/08-80030-018 158.75

**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: Lesly Charles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08 754 423-4703
Date Daytime Phone #