

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90242 015 \*\*\*150.00

<b>DOCUMENT # P04000034205</b>					
<b>1. Entity Name</b> CAREYCHEF INC					
<b>Principal Place of Business</b> 301 SW 86 AVE # 208 PEMBROKE PINES, FL 33025			<b>Mailing Address</b> 301 SW 86 AVE # 208 PEMBROKE PINES, FL 33025		
<b>2. Principal Place of Business</b> 15751 SHERIDAN ST Suite, Apt. #, etc. #190		<b>3. Mailing Address</b> 15751 SHERIDAN ST Suite, Apt. #, etc. #190			
<b>City &amp; State</b> Fort LAUDERDALE FL		<b>City &amp; State</b> Fort LAUDERDALE FL		<b>4. FEI Number</b> 02-0759836	
<b>Zip</b> 33331		<b>Country</b> BROWARD		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BLONDET, JORGE E 301 SW 86 AVE # 208 PEMBROKE PINES, FL 33025			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE <i>Jorge E. Blondet</i> (Jorge E. Blondet) DATE 4/18/05 <small>Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLONDET, JORGE E 301 SW 86 AVE # 208 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOCCALON, YARITZA 301 SW 86 AVE # 208 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE E. BLONDET 15751 SHERIDAN ST #190 Fort LAUDERDALE FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT YARITZA BOCCALON 15751 SHERIDAN ST #190 Fort LAUDERDALE FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Jorge E. Blondet</i>		DATE 4/18/05 (889) 682-9270			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					