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Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90270 039 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000039144

1. Entity Name
DONA CHELA, INC.

Principal Place of Business	Mailing Address
357 6TH AVE W BRADENTON, FL 34205	357 6TH AVE W BRADENTON, FL 34205

2004126 2

04142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1155-C WASHINGTON BL	SAME
Suite, Apt. #, etc. –	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State
Zip: 34236 Country: SARASOTA	Zip Country

4. FEI Number 20-0808873 ☐ Applied For ☐ Not Applicable

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
BANALES, JORGE 357 6TH AVE W BRADENTON, FL 34205	Name: MARY BELHOUCHAT Street Address (P.O. Box Number is Not Acceptable): 2325 APPALOOSA CIRCLE City: SARASOTA FL Zip Code 34240

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: Mary Belhout DATE: 4-19-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 STREET ADDRESS CITY-ST-ZIP	P BANALES, JORGE 357 6TH AVE W BRADENTON, FL 34205	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA G. PICAZO 1155-C WASHINGTON BLVD SARASOTA, FL 34236	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Maria G. Picazo President 4-19-05 (941) 953-40-45
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #