

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000039144

1. Entity Name
DONA CHELA, INC.



Principal Place of Business
1155-C WASHINGTON BL
SARASOTA, FL 34236

Mailing Address
1155-C WASHINGTON BL
SARASOTA, FL 34236



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0808873

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELHOUCAT, MARY
3934 TROPICAIRES BLVD
NORTH PORT, FL 34286-7118

**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 Mary Belhoucat

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/08/2008

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**

00000039144
02/26/08-80082-010 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME PICAZO, MARIA G.
STREET ADDRESS 1155-C WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/2008

Date

941-953-4045

Daytime Phone #