2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039377

Name:

Address:

City-St-Zip:

ity Name: CHANTANELLE EXPORTS & IMPORTS INC

FILED Apr 05, 2005 Secretary of State

Entity Nai	me: CHANTAI	NELLE EXPORTS & IMPOR	18, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
2114 W COLUMBUS DR TAMPA, FL 33607				4001 W. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33614			
Current Mailing Address:				New Mailing Address:			
2114 W CO TAMPA, F	OLUMBUS DR L 33607			PO BOX 27 TAMPA, FL			
FEI Number	: 54-2146828	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
TAMPA, F	ÚNTRY LAKE [L 33624 US		purpose o	f changing i	ts registere	ed office or registered agent, or both	3
SIGNATUI		is Cianatura of Dogistarad A				Data	-
Election Car		ic Signature of Registered Agrants ().	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () SIFONTE, VIVIA 15821 COUNTR TAMPA, FL 336	Y LAKE DR		Title: Name: Address: City-St-Zip:	P SIFONTES, 15821 COU TAMPA, FL	INTRY LAKE DR	
Title: Name: Address: City-St-Zip:	S () SIFONTE, OLIV 15821 COUNTR TAMPA, FL 336	Y LAKE DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	()	Delete		Title:	VP	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIFONTES, VILNA

7104 HALIFAX CT.

TAMPA, FL 33615

SIGNATURE: VILNA SIFONTES VP 04/05/2005