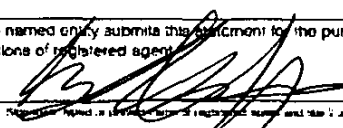
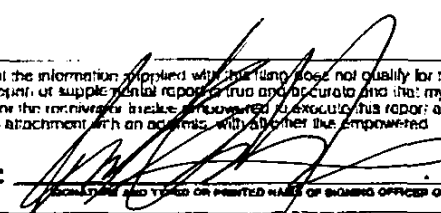


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90115 034 ***150.00

J0001617

DOCUMENT # P04000073426			
1. Entity Name PATRICIA CHAVEZ CORPORATION			
Principal Place of Business 20903 LEEWARD CT UNIT 318 MIAMI, FL 33180		Mailing Address 20903 LEEWARD CT UNIT 318 MIAMI, FL 33180	
2. Principal Place of Business 19151 North Bay Road		3. Mailing Address 19151 North Bay Road	
Suite Apt # etc		Suite Apt # etc	
City & State North Miami Beach		City & State North Miami Beach	
Zip 33160		Zip 33160	
Country United States		Country United States	
4. FFI Number 201095579		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAVEZ, PATRICIA 20903 LEEWARD CT UNIT 318 MIAMI, FL 33180			
7. Name and Address of New Registered Agent Name Patricia Chavez Street Address (P.O. Box Number is Not Acceptable) 19151 North Bay Road City North Miami Beach FL Zip Code 33160			
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 this filing. the obligations of registered agent.			
SIGNATURE 		DATE 04/28/05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAVEZ, PATRICIA 20903 LEEWARD CT UNIT 318 MIAMI, FL 33180	☐ Delete	
10.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Chavez 19151 North Bay Road North Miami Beach, 33160	☐ Change ☐ Addition	
11.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia -> President Chavez	☐ Change ☐ Addition	
11.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
11.10 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. I am an officer or director of the corporation or the incorporator, broker, authorized 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 affidavit, with all other the empowered.			
SIGNATURE: 		DATE 04/28/05	