MAY-4-2005 00:58 DE :

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State
05-10-2005 90115 034 ***150.00

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

30031417

05042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 19151 North Bay Road
Suite, Apt #, etc.
City & State: North Miami Beach
Zip: 33160 Country: United state

3. Mailing Address: 19151 North Bay Road
Suite, Apt #, etc.
City & State: North Miami Beach
Zip: 33160 Country: United states

4. FEI Number: 20 1095579 ☐ 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, and accept the obligations of registered agent.

SIGNATURE: [signature] 04/28/05
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHANEZ, PATRICIA 20903 LEEWARD CT UNIT 318 MIAMI, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia Chavez 19151 North Bay ~~Drive~~ Road P.Ch. North Miami Beach, 33160 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia Chavez → President. ☐ 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
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

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: [signature] 04/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #