2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086450

City-St-Zip:

MIAMI, FL 33175

Entity Name: C & H PROFESSIONAL SERVICE, CORP.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1942 SW ⁻ MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1942 SW ⁻ MIAMI, FL					
FEI Number	: 33-1093335	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HERNANI 1942 SW MIAMI, FL					
	e named entity e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (CHACON, ALE. 1942 SW 123 / MIAMI, FL 331	AVE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (HERNANDEZ, 1942 SW 1237 MIAMI, FL 331	AVE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SD () LUNDRY, BER 1942 SW 123 /		Title: (Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: ALEJANDRINA CHACON PD 04/30/2006