


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90018 036 \*\*\*150.00

<b>DOCUMENT # P04000088010</b>	
1. Entity Name <b>JOHN CHIAVERINI CONSTRUCTION INC.</b>	

Principal Place of Business <b>11355 63RD LANE N WEST PALM BEACH FL 33412</b>	Mailing Address <b>11355 63RD LANE N WEST PALM BEACH FL 33412</b>
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2. Principal Place of Business - No P.O. Box # <b>11355 63RD</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>West Palm Beach FL</b>	City & State
Zip	Country

4. FEI Number <b>20-1207326</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent <b>CHIAVERINI, JOHN 11355 63RD LANE N WEST PALM BEACH FL 33412</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>CHIAVERINI, JOHN</b>
STREET ADDRESS	<b>11355 63RD LANE N</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREASURER</b>
STREET ADDRESS	<b>JOHN CHIAVERINI</b>
CITY-ST-ZIP	<b>11355 63RD LN N WEST PALM BEACH FL 33412</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VP</b>
STREET ADDRESS	<b>VICTORIA CHIAVERINI</b>
CITY-ST-ZIP	<b>11355 63RD LN N WEST PALM BEACH FL 33412</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>VICTORIA CHIAVERINI</b>
CITY-ST-ZIP	<b>11355 63RD LN N WEST PALM BEACH FL 33412</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: <i>John Chiaverini</i>	<b>John Chiaverini</b>	<b>4/24/08 (50) 753 5509</b>
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