

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108318

Entity Name: CHIPMASTER, CORP.

FILED  
May 07, 2009  
Secretary of State

## Current Principal Place of Business:

4431 NE 11 AVENUE  
OAKLAND PARK, FL 33304

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 450579  
SUNRISE, FL 33345

## New Mailing Address:

FEI Number: 20-1394624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY  
DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: BRENO GOMES

05/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEITE B. SILVA, CLEIDSON  
Address: 9496 N.W. 54TH STREET  
City-St-Zip: SUNRISE, FL 33351

Title: VD ( ) Delete  
Name: LEITE B. SILVA, ELUIZ  
Address: 9302 N.W. 54TH STREET  
City-St-Zip: SUNRISE, FL 33351

Title: S ( ) Delete  
Name: RIBEIRO, RENATA G  
Address: 9302 N.W. 54TH STREET  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: CLEIDSON LEITE B. SILVA

PD

05/07/2009

Electronic Signature of Signing Officer or Director

Date