

2005 FOR PROFIT CORPORATION ANNUAL REPORT

02-22-2005 90021 050 ***150.00
P04000109000

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05 DEC -6 PM 1:46
TALLAHASSEE, FLORIDA
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DOCUMENT # P04000109000		
1. Entity Name CHUNY'S CORP.		

Principal Place of Business 169 E FLAGLER ST STE 1534 MIAMI, FL 33131	Mailing Address 169 E FLAGLER ST STE 1534 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

02172005 Chg-P CR2E034 (10/03)

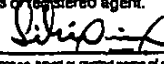
4. FEI Number 201 420567	Applied For Not Applicable
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6. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NICENBOIM, JOSE 169 E FLAGLER ST STE 1534 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name MIRALLES, Silvia Street Address (P.O. Box Number is Not Acceptable) 6538 COLLINS AVE. # 203 City MIAMI BEACH FL Zip Code 33141	
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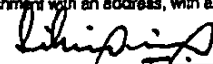
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	SILVIA MIRALLES	02/17/05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIRALLES, SILVIA BEATRIZ 169 E FLAGLER ST STE 1534 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6538 COLLINS AVE # 203 MIAMI BEACH, FL 33141 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BINDI, PATRICIA ELENA 169 E FLAGLER ST STE 1534 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6538 COLLINS AVE # 203 MIAMI BEACH, FL 33141 ☒ 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	T. Roberts DEC 06 2005 ☐ 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)(f), 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: 	SILVIA MIRALLES	02/17/05
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