

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

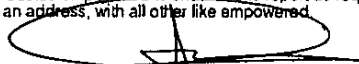
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May 12, 2005 8:00 am
Secretary of State

04-18-2005 90264 033 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000116694					
1. Entity Name CHEHAIBER, CORP.					
Principal Place of Business 295 ALPINE CT PALM HARBOR FL 34683			Mailing Address 599 S. BARRANCA AVE 211 COVINA CA 91723		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2571417	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHEHAIBER, JAY 295 ALPINE CT. PALM HARBOR FL 34683				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  Jay S. Chehaiber DATE 5/29/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHEHAIBER, JAY		NAME		
STREET ADDRESS	599 S. BARRANCA AVE # 211		STREET ADDRESS		
CITY-ST-ZIP	COVINA CA 91723		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	MARTINEZ, STEVEN		NAME		
STREET ADDRESS	599 S. BARRANCA AVE # 211		STREET ADDRESS		
CITY-ST-ZIP	COVINA CA 91723		CITY-ST-ZIP		
TITLE	CFO	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	SHULL, JAMES D		NAME	Shull, James D	
STREET ADDRESS	599 S. BARRANCA AVE # 211		STREET ADDRESS		
CITY-ST-ZIP	COVINA CA 91723		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	VP	
STREET ADDRESS			STREET ADDRESS	Labac b Chehaiber	
CITY-ST-ZIP			CITY-ST-ZIP	295 Alpine Ct, Palm Harbor FL 34683	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	CFO	
STREET ADDRESS			STREET ADDRESS	Tennifer Sydesma	
CITY-ST-ZIP			CITY-ST-ZIP	1537 Rancho Hills Dr, Chino Hills CA 91709	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Jay S. Chehaiber DATE 5/8/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					