# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 21, 2008**
**Secretary of State**

DOCUMENT# P04000154089

**Entity Name:** CHEX 4 U, INC.

**Current Principal Place of Business:**

11349 NW 44TH STREET
CORAL SPRINGS, FL 330657296

**New Principal Place of Business:**

<UNUSED>
CORAL SPRINGS, FL 330657296

**Current Mailing Address:**

11349 NW 44TH STREET
CORAL SPRINGS, FL 330657296

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEISS, SUZANNE
2110 N. OCEAN BLVD., #1703
FT. LAUDERDALE, FL 33305 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MOLLICA, TERRY
Address: 11349 NW 44TH STREET
City-St-Zip: CORAL SPRINGS, FL 330657296

Title: TD ( ) Delete
Name: MOLLICA, PAMELIA
Address: 11349 NW 44TH STREET
City-St-Zip: CORAL SPRINGS, FL 330657296

Title: D ( ) Delete
Name: MOLLICA, AMANDA
Address: 11349 NW 44TH STREET
City-St-Zip: CORAL SPRINGS, FL 330657296

Title: D ( ) Delete
Name: MOLLICA, TRAVIS
Address: 11349 NW 44TH STREET
City-St-Zip: CORAL SPRINGS, FL 330657296

**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:

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: TERRY MOLLICA DIR 08/21/2008

Electronic Signature of Signing Officer or Director — Date