

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 010 ***150.00

DOCUMENT # P04000155383

1. Entity Name

CHAOTIC VENTURES, INC



Principal Place of Business

633 SIESTA KEY CIRCLE
APT 3038
DEERFIELD BEACH FL 33441

Mailing Address

633 SIESTA KEY CIRCLE
APT 3038
DEERFIELD BEACH FL 33441



2. Principal Place of Business

5464 Enclave crossing way
Suite, Apt. #, etc.
C3

3. Mailing Address

5464 Enclave crossing way
Suite, Apt. #, etc.
C3

1st MOORE

CR2E034 (10/05)

City & State

Delray Beach, FL
Zip 33484 Country USA

City & State

Delray Beach, FL
Zip 33484 Country USA

4. FEI Number

20-1880560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAVARES, MICHAEL A
627 SIESTA KEY CIRCLE
APT 3125
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name Michael A. TAVARES
Street Address (P.O. Box Number is Not Acceptable)
5464 Enclave crossing way #C3
City Delray Beach FL Zip Code 33484

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE DP ☐ Delete
NAME TAVARES, MICHAEL A
STREET ADDRESS 627 SIESTA KEY CIRCLE APT 3125
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE DVP ☐ Delete
NAME GAUB, COURTNEY A
STREET ADDRESS 627 SIESTA KEY CIRCLE APT 3125
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME Michael A. TAVARES
STREET ADDRESS 5464 Enclave crossing way #C3
CITY-ST-ZIP Delray Beach, FL 33484

TITLE DVP ☒ Change ☐ Addition
NAME Courtney A. Gaub
STREET ADDRESS 5464 Enclave crossing way #C3
CITY-ST-ZIP Delray Beach, FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

Courtney A. Gaub DVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.10.2006

561.254.8562

Date

Daytime Phone #