

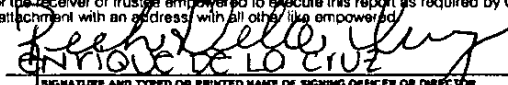
**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90066 033 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**66018474**

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| <b>DOCUMENT # P04000162396</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                |                                                                   |
| 1. Entity Name<br><b>CHEQUERS FIRST CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                                                 |                                                                   |
| Principal Place of Business<br><b>4505 16 STREET<br/>CLIWISTON, FL 33440</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | Mailing Address<br><b>4505 16 STREET<br/>CLIWISTON, FL 33440</b>                                                |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            | 3. Mailing Address<br><b>7105 SW 8 STREET</b>                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            | Suite, Apt. #, etc.<br><b>306</b>                                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | City & State<br><b>MIAMI, FLORIDA</b>                                                                           |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                                    | Zip                                                                                                             | Country                                                           |
| <b>33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | <b>33144</b>                                                                                                    | <b>DOCC</b>                                                       |
| 04302007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            | Chg-P                                                                                                           | CR2E034 (12/06)                                                   |
| 4. FEI Number<br><b>20-1958392</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                          |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            | \$8.75 Additional Fee Required                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            | 7. Name and Address of New Registered Agent                                                                     |                                                                   |
| <b>DE LA CRUZ, ALEJANDRO<br/>7105 SW 8 STREET STE 306<br/>MIAMI, FL 33144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |                                                                                                                 |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DP<br/>DELACRUZ, ENRIQUE<br/>4505 16 STREET<br/>CLIWISTON, FL 33440</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | 04.27.07 (305) 226 3443                                                                                         |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            | Date Daytime Phone #                                                                                            |                                                                   |