

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90089 010 ***150.00

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| DOCUMENT # P05000003648 | |
| 1. Entity Name J.R. CHACON BRICK INC. | |



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|---|---|
| Principal Place of Business 1318 NW 2ND STREET SUITE 5 MIAMI, FL 33125 | Mailing Address 1318 NW 2ND STREET SUITE 5 MIAMI, FL 33125 |
|---|---|

60024942

| | |
|---|-------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 2524 NW 22 CT | 3. Mailing Address 2524 NW 22 CT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------------------|--------------------------|
| City & State MIAMI FL | City & State MIAMI FL |
| Zip 33142 | Zip 33142 |
| Country DADE | Country DADE |



03152007 Chg-P CR2E034 (12/06)

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|---|--------------------------------|
| 4. FEI Number 20-2100870 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CHACON, ELDER 1318 NW 2ND STREET SUITE 5 MIAMI, FL 33125 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP | PD CHACON, JAIRON 1318 NW 2ND STREET SUITE #5 MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHACON JAIRON 2524 NW 22 CT MIAMI FL 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHACON, OSMAR 1318 NW 2ND STREET SUITE #5 MIAMI, FL 33125 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CHACON, MARIO 1318 NW 2ND STREET SUITE #5 MIAMI, FL 33125 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 or other like empowered.

SIGNATURE: 03/15/07 (305) 9758139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #