## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

## Mar 15, 2006 8:00 am Secretary of State **DOCUMENT # P05000017868** 1. Entity Name 03-01-2006 90023 037 \*\*\*150.00 CHIL-VIL. INC. Principal Place of Business Mailing Address **660000000** 10775 MAPLE CHASE DR BOCA RATON FL 33498 10775 MAPLE CHASE DR BOCA RATON FL 33498 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MÓORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For **グスース4**5 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRAUCH, GARY Street Address (P.O. Box Number is Not Acceptable) 10775 MAPLE CHASE DR **BOCA RATON FL 33498** City Zip Code 8. The above named entity submit of the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with; and accept the obligations of register SIGNATURE Sections Appears . . . . . . . . . . . . represent again and uto it applicable. (NOTE, Registered Agent argusture recovered when recinitising) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, L OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE IIILE Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME MALES STREET ADDRESS STREET ADDRESS FL 33498 CITY-ST-7iP CITY-ST-ZYP Delete TITLE TITLE ☐ Change ■ Addition STREET AODRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete nne TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition nnc Delete MILE NAME NAM" STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-70P 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.



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

CHIL-VIL, INC. 10775 MAPLE CHASE DR BOCA RATON, FL 33498

Subject: CHIL-VIL, INC.

Reference Number:

P05000017868

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION