


FILED
Mar 24, 2006 8:00 am
Secretary of State

40038427

DOCUMENT # P05000056696

1. Entity Name
HERB CHECCHI, INC.



Principal Place of Business
6340 SOUTHWEST 9TH PLACE
NORTH LAUDERDALE, FL 33068

Mailing Address
6340 SOUTHWEST 9TH PLACE
NORTH LAUDERDALE, FL 33068

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

03052006Chg-PCR2E034 (11/05)

4. FEI Number
54-2172286Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name
NICOLA CHECCHI
Street Address (P.O. Box Number is Not Acceptable)
6340 SW 9 PLACE
City
N. LAUDERDALE FLZip Code
33068

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)

NICOLA CHECCHI
3-7-06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
CHECCHI, HERBERT
6340 SOUTHWEST 9TH PLACE
NORTH LAUDERDALE, FL 33068
Delete
VTD
CHECCHI, NICOLA D
6340 SOUTHWEST 9TH PLACE
NORTH LAUDERDALE, FL 33068
Delete
D
KRAET, STEVEN
6340 SOUTHWEST 9TH PLACE
NORTH LAUDERDALE, FL 33068
Delete
Delete
Delete
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
Change
Addition
Change
Addition
Change
Addition
Change
Addition
Change
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: [Signature] NICOLA CHECCHI 3-7-06 954-972-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #