

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90036 002 ***150.00

DOCUMENT # P05000062511 1. Entity Name CHATA CONSTRUCTION CLEANING, INC.					
Principal Place of Business 2416 NORTH 37TH AVENUE HOLLYWOOD, FL 33021			Mailing Address 3600 MONROE ST APT. 24 HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box # 543 NW AZALEA AVE			3. Mailing Address 543 NW AZALEA AVE		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State PORT ST. LUCIE, FL			City & State PORT ST. LUCIE, FL		
Zip 34983			Zip 34983		
Country USA			Country USA		
4. FEI Number 20-2750082			Applied For. <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 REMIUES, JULIA 18000 NW 2ND AVE. MIAMI, FL 33169			7. Name and Address of New Registered Agent Name KEMIVES JULIA Street Address (P.O. Box Number is Not Acceptable) 18000 NW 2 AVE City MIAMI FL Zip Code 33169		
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 JULIA KEMIVES DATE 1-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	DPST CSATA, IMRE 2416 NORTH 37TH AVENUE HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CSATA IMRE 543 NW AZALEA AVE PORT ST. LUCIE, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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	
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, with all other like empowered.					
SIGNATURE CSATA IMRE pre. DATE 01/27-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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