

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

05-01-2006 90409 026 ***150.00

DOCUMENT # P05000076220

1. Entity Name
CHG EVENT PRODUCTIONS, INC.



Principal Place of Business
**9270 E. BAY HARBOR DR., STE. 8-A
MIAMI BEACH, FL 33154**

Mailing Address
**9270 E. BAY HARBOR DR., STE. 8-A
MIAMI BEACH, FL 33154**

00021638



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

202914561

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, CHRISTIAN E.
9270 E. BAY HARBOR DR., STE. 8-A
MIAMI BEACH, FL 33154**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**P
GOMEZ, CHRISTIAN E.
9270 E. BAY HARBOR DR., STE. 8-A
MIAMI BEACH, FL 33154** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
CHRISTIAN GOMEZ
3600 COLLINS AVE # 506
MIAMI BEACH FL 33140** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


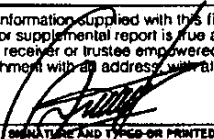
07-06-06 (786) 355-402

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2006-90409-026-\$150.00-\$150.00

ATTACHMENT

#66021638

DOCUMENT # P05000076220					
1. Entity Name CHG EVENT PRODUCTIONS, INC.					
Principal Place of Business 9270 E. BAY HARBOR DR., STE. 8-A MIAMI BEACH, FL 33154			Mailing Address 9270 E. BAY HARBOR DR., STE. 8-A MIAMI BEACH, FL 33154		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 202914561	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOMEZ, CHRISTIAN E. 9270 E. BAY HARBOR DR., STE. 8-A MIAMI BEACH, FL 33154			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P GOMEZ, CHRISTIAN E. 9270 E. BAY HARBOR DR., STE. 8-A MIAMI BEACH, FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, CHRISTIAN E. 3903 NE 163 ST APT 909 MIAMI BEACH FL 33160	<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
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SIGNATURE: 			1031306 (786) 366412		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Class Daytime Phone #		

ATTACHMENT

Hoguer Stamming.

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P0500076220

[Add](#) [Help](#)

Account Activity

Check Image – Front and Back

Amount: \$150.00

Nickname:

[illegible]

To print this page for reference purposes please use the print button on your browser or click "File" and "Print" More information about images and image availability

THE WAS SEND 03-15-06 FOR 150 US DOLLARS.
PAYMENT ATTACHMENT

NOT AFTER MAY 01-06. $\frac{66021638}{\#P05000076220}$

THANK YOU. CHRISTIAN BOMEZ

PRESIDENT OWNER

