

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90065 037 ***150.00

DOCUMENT # P05000122351

1. Entity Name
CHACIED INVESTMENT, INC.



Principal Place of Business
**10700 NW 66 STREET #308
MIAMI, FL 33178**

Mailing Address
**10700 NW 66 STREET #308
MIAMI, FL 33178**

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
54-2184466

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRATO, CIRO A P
10700 NW 66 STREET #308
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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: *Ciro Prato*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | PRATO, CIRO A P |
| STREET ADDRESS | 10700 NW 66 STREET #308 |
| CITY-ST-ZIP | MIAMI, FL 33178 |
| TITLE | VD |
| NAME | PRATO DE DE PABLOS, ISABEL |
| STREET ADDRESS | 10700 NW 66 STREET #308 |
| CITY-ST-ZIP | MIAMI, FL 33178 |
| TITLE | STD |
| NAME | DE PABLOS, EDGAR |
| STREET ADDRESS | 10700 NW 66 STREET #308 |
| CITY-ST-ZIP | MIAMI, FL 33178 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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: *Ciro Prato*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-07