

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161859

Entity Name: EL CHAME, INC.

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

1833 BRANCH FORBES ROAD
LOT # 72
PLANT CITY, FL 33566 US

New Principal Place of Business:

1402 WEST RISK ST.
PLANT CITY, FL 33563 US

Current Mailing Address:

1833 BRANCH FORBES ROAD
LOT # 72
PLANT CITY, FL 33566 US

New Mailing Address:

1402 WEST RISK ST.
PLANT CITY, FL 33563 US

FEI Number: 55-0914526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, SAMUEL
1833 BRANCH FORBES ROAD
LOT # 72
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

TORRES, SAMUEL
1402 WEST RISK ST
PLANT CITY, FL 33563 US

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.

SIGNATURE: SAMUEL TORRES

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORRES, SAMUEL
Address: 1833 BRANCH FORBES ROAD LOT # 72
City-St-Zip: PLANT CITY, FL 33566 US

Title: VP () Delete
Name: MARTINEZ, MARIA L
Address: 1833 BRANCH FORBES ROAD LOT # 72
City-St-Zip: PLANT CITY, FL 33566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORRES, SAMUEL
Address: 1402 WEST RISK ST
City-St-Zip: PLANT CITY, FL 33563 US

Title: VP (X) Change () Addition
Name: MARTINEZ, MARIA L
Address: 1402 WEST RISK ST
City-St-Zip: PLANT CITY, FL 33563 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL TORRES

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date