

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90124 032 \*\*\*150.00

DOCUMENT # P06000013012

1. Entity Name  
CHAVARRIA TENNIS, INC.



Principal Place of Business  
13825 BOTTLEBRUSH CT  
WELLINGTON, FL 33414

Mailing Address  
13825 BOTTLEBRUSH CT  
WELLINGTON, FL 33414

66020953



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

15073 Oak Chase CT

Suite, Apt. #, etc.

15073 Oak Chase CT.

07112007

Chg-P

CR2E034 (12/06)

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

13-4321090

Applied For

Not Applicable

Zip

33414

Country

United States

Zip

33414

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAVARRIA, JESUS  
13825 BOTTLEBRUSH CT  
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15073 Oak Chase CT.

City

Wellington

FL

Zip Code

33414

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]*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHAVARRIA, JESUS  
13825 BOTTLEBRUSH CT  
WELLINGTON, FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GARCIA, MAYRA  
13825 BOTTLEBRUSH CT  
WELLINGTON, FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-13-2007 (54) 790-21-18

Date

Daytime Phone #