

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038952

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: SPIDER CHAVES SERVICES, CORP.

## Current Principal Place of Business:

4110 NE 19TH AVE  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

4011 NW 3 RD WAY  
POMPANO BEACH, FL 33064

## Current Mailing Address:

4110 NE 19TH AVE  
POMPANO BEACH, FL 33064

## New Mailing Address:

4011 NW 3 RD WAY  
POMPANO BEACH, FL 33064

FEI Number: 20-2688782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E SAMPLE RD  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

CHAVES, FLAVIO R  
4011 NW 3 RD WAY  
POMPANO BEACH, FL 33064 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: FLAVIO R CHAVES

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CHAVES, FLAVIO R  
Address: 4110 NE 19TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Delete  
Name: DE SOUZA, EDUARDO  
Address: 4110 NE 19TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete  
Name: LAZARIM, EDIVAN  
Address: 4110 NE 19TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHAVES, FLAVIO R  
Address: 4011 NW 3 RD WAY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAZARIM, EDIVAN  
Address: 4011 NW 3 RD WAY  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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: FALVIO R CHAVES

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date