
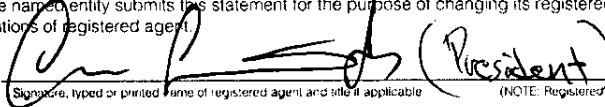
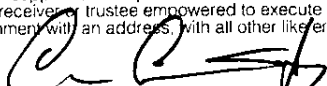


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-16-2007 90013 004 ***550.00

DOCUMENT # P06000087962 1. Entity Name CHAYRAFCO INC.																																																																													
Principal Place of Business 9501 WHITE SAND CT CLERMONT, FL 34711 US			Mailing Address 9501 WHITE SAND CT CLERMONT, FL 34711 US																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 56 W CENTER ST.			3. Mailing Address Suite, Apt. #, etc. 																																																																										
City & State MINNEOLA FL			City & State 																																																																										
Zip 34715		Country U.S.		4. FEI Number 20-5133921																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																									
6. Name and Address of Current Registered Agent STACHACZ, CHARLES JR. 9501 WHITE SAND CT CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																										
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>(Signature, typed or printed name of registered agent and state if applicable)</small> </div> <div style="width: 40%; text-align: right;"> DATE: 7/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>P STACHACZ, CHARLES JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9501 WHITE SAND CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> <tr> <td></td> <td>VP STACHACZ, HAYDEE</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9501 WHITE SAND CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> <tr> <td></td> <td>VP VALENTIN, RAFAEL</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9501 WHITE SAND CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>		P STACHACZ, CHARLES JR.		STREET ADDRESS	9501 WHITE SAND CT		CITY - ST - ZIP	CLERMONT, FL 34711			VP STACHACZ, HAYDEE	Delete <input type="checkbox"/>	STREET ADDRESS	9501 WHITE SAND CT		CITY - ST - ZIP	CLERMONT, FL 34711			VP VALENTIN, RAFAEL	Delete <input type="checkbox"/>	STREET ADDRESS	9501 WHITE SAND CT		CITY - ST - ZIP	CLERMONT, FL 34711				Delete <input type="checkbox"/>			Delete <input type="checkbox"/>			Delete <input type="checkbox"/>			Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7/5/07 Daytime Phone #: 352-536-1717																																																																										