


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000137067
 1. Entity Name
 CHANGO COMMERCIAL INCORPORATED



Principal Place of Business Mailing Address
 840 NE 128 STREET 840 NE 128 STREET
 MIAMI, FL 33161 MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-8736589 Not Applicable

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

6. Name and Address of Current Registered Agent

AVILES NARVAEZ, ELENA DEL C
 840 NE 128 STREET
 MIAMI, FL 33161

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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: *Elena Ariles* DATE: *04/21/08*

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000909426
 05/06/08-80069-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	AVILES NARVAEZ, ELENA DEL C
STREET ADDRESS	840 NE 128 STREET
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	VPS
NAME	BENDANA, ADOLFO R
STREET ADDRESS	840 NE 128 STREET
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Elena Ariles* DATE: *04/21/08* DAYTIME PHONE #: *(305) 649-8494*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #