

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024194

Entity Name: CHI CHI AMOR, INC.

FILED
Jul 30, 2009
Secretary of State

Current Principal Place of Business:

405 E IDLEWIDE AVE
TAMPA, FL 33604

New Principal Place of Business:

405 E IDLEWILD AVE
TAMPA, FL 33604

Current Mailing Address:

405 E IDLEWIDE AVE
TAMPA, FL 33604

New Mailing Address:

405 E IDLEWILD AVE
TAMPA, FL 33604

FEI Number: 59-3839730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, DANIELLE
5705 N. SEMINOLE AVE.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CO-P () Delete
Name: FELDMAN, SHARI
Address: 405 E. IDLEWILD AVE.
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: O'CONNOR, DANIELLE
Address: 5705 N. SEMINOLE AVE.
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SHARI BETH FELDMAN

CO-P

07/30/2009

Electronic Signature of Signing Officer or Director

Date