


FILED
May 19, 2008 8:00 am
Secretary of State

04-17-2008 90040 036 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

| | |
|--|---|
| DOCUMENT # P07000094312 1. Entity Name FRANCISCO CHAVEZ INC. |  |
|--|---|

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|--|--|
| Principal Place of Business 2217 46 ST SW NAPLES, FL 34116 | Mailing Address 2217 46 ST SW NAPLES, FL 34116 |
|--|--|

66011002



| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|

04112008 Chg-P CR2E034 (12/06)

| | | |
|------------------------------------|--------------------------|--|
| 4. FEI Number 26-0793209 | <input type="checkbox"/> | Applied For Not Applicable |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

Chavez
~~CHUVEZ, FRANCISCO~~
 2217 46 ST SW
 NAPLES, FL 34116

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

| | | | |
|-----------------|--|---------------------------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete CHUVEZ, FRANCISCO | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | 2217 46 ST SW | | |
| CITY - ST - ZIP | NAPLES, FL 34116 | | |
| TITLE | <input type="checkbox"/> Delete | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|-----------------|---|---------------------------------|-----------------------------------|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chavez, Francisco | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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: *Francisco Chavez* *4-11-08* *239-405-4938*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #