

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094412

Entity Name: CHINCHILLA WINTHROP & ASSOCIATES INC.

FILED  
Mar 04, 2009  
Secretary of State

**Current Principal Place of Business:**

14106 SW 93RD LANE  
MIAMI, FL 33186

**New Principal Place of Business:**

8935 SW 150 CT CIRCLE EAST  
MIAMI, FL 33196

**Current Mailing Address:**

14106 SW 93RD LANE  
MIAMI, FL 33186

**New Mailing Address:**

8935 SW 150 CT CIRCLE EAST  
MIAMI, FL 33196

FEI Number: 74-3228876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHINCHILLA, IGNACIO  
14106 SW 93RD LANE  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

CHINCHILLA, IGNACIO  
8935 SW 150 CT CIRCLE EAST  
MIAMI, FL 33196 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:

03/04/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHINCHILLA, IGNACIO  
Address: 14106 SW 93RD LANE  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHINCHILLA, IGNACIO  
Address: 8935 SW 150 CT CIRCLE EAST  
City-St-Zip: MIAMI, FL 33196

Title: VP ( ) Change (X) Addition  
Name: LUCIO-CHINCHILLA, MARCELLA  
Address: 8935 SW 150 CT CIRCLE EAST  
City-St-Zip: MIAMI, FL 33196

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: IGNACIO CHINCHILLA

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date