2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000101818

Entity Name: CHAMA MANAGEMENT CORP.

FILED Jan 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8501 SW 124 AVE., STE. 201 8501 SW 124 AVE MIAMI, FL 33183 SUITE 201 MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

8501 SW 124 AVE., STE. 201 8501 SW 124 AVE MIAMI, FL 33183 SUITE 201 MIAMI, FL 33183

FEI Number: 26-1105441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MASSOUD, CHAFIC 8501 SW 124 AVE., STE. 201 MIAMI, FL 33183 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 MASSOUD, CHAFIC
 Name:
 MASSOUD, CHAFIC F

 Address:
 8501 SW 124 AVE., STE. 201
 Address:
 8501 SW 124 AVE., STE. 201

City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33183

Title: D () Delete Title: VP (X) Change () Addition Name: MASSOUD, OMAR C. Name: MASSOUD, MINERVA R

Address: 8501 SW 124 AVE., STE. 201 Address: 8501 SW 124 AVE SUITE 201
City-St-Zip: MIAMI, FL 33183
City-St-Zip: MIAMI, FL 33183

Title: D (X) Delete Title: () Change () Addition

 Name:
 MASSOUD, MINERVA
 Name:

 Address:
 8501 SW 124 AVE., STE. 201
 Address:

 City-St-Zip:
 MIAMI, FL 33183
 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: CHAFIC F MASSOUD P 01/30/2009