

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 043 ***158.75

DOCUMENT # P07000124141

1. Entity Name
CHECHE INVESTMENT GROUP, INC.



Principal Place of Business
**642 E SUGARLAND HWY
CLEWISTON, FL 33440**

Mailing Address
**642 E SUGARLAND HWY
CLEWISTON, FL 33440**

40110058



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

07042008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

26-1434097

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUENTES, AMILCAR
642 E SUGARLAND HWY
CLEWISTON, FL 33440**

7. Name and Address of New Registered Agent

Name **AMILCAR Fuentes**

Street Address (P.O. Box Number is Not Acceptable)

642 E. Sugarland Hwy

City **Clewiston**

FL

Zip Code **33440**

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FUENTES, ELIO**
STREET ADDRESS **642 E SUGARLAND HWY**
CITY-ST-ZIP **CLEWISTON, FL 33440**

TITLE **S** ☐ Delete
NAME **ECHEVERRIA, CARLOS**
STREET ADDRESS **642 E SUGARLAND HWY**
CITY-ST-ZIP **CLEWISTON, FL 33440**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
NAME **MIGUEL Fuentes**
STREET ADDRESS **707 HOOPER Dikes Rd #304**
CITY-ST-ZIP **Clewiston FL 33440**

TITLE **Director** ☐ Change ☒ Addition
NAME **AMILCAR Fuentes**
STREET ADDRESS **707 HOOPER Dikes Rd 304**
CITY-ST-ZIP **Clewiston FL 33440**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

AMILCAR Fuentes
AMILCAR Fuentes

07/03/2008

863 228 4667