

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128183

Entity Name: CHILEANS ASSOCIATES, INC.

FILED
Jun 25, 2008
Secretary of State

Current Principal Place of Business:

13925 NW 19TH AVE.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13925 NW 19TH AVE.
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 26-2863586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMETT, ROBERTO J
13925 NW 19TH AVE.
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

AROS, ARTURO PD
13925 NW 19TH AVE.
OPA LOCKA, FL 33054 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: ARTURO AROS

06/25/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAMETT, ROBERTO J
Address: 13925 NW 19TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: VD () Delete
Name: AROS, ARTURO
Address: 13925 NW 19TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AROS, ARTURO PD
Address: 13925 NW 19TH AVE.
City-St-Zip: OPA LOCKA, FL 33054

Title: SEC (X) Change () Addition
Name: AROS, ARTURO PD
Address: 13925 NW 19TH AVENUE
City-St-Zip: OPA LOCKA, FL 33054

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: ARTURO AROS

PD

06/25/2008

Electronic Signature of Signing Officer or Director

Date