

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045306

Entity Name: CHINISKI'S SERVICES, CORP.

FILED
May 23, 2009
Secretary of State

Current Principal Place of Business:

4334 NW 9 AVE., BLDG. 8, #1D
BOX 124
POMPANO BEACH, FL 33064

Current Mailing Address:

4334 NW 9 AVE., BLDG. 8, #1D
BOX 124
POMPANO BEACH, FL 33064

New Principal Place of Business:

900 NW 45TH ST
403
POMPANO BEACH, FL 33064 US

New Mailing Address:

900 NW 45TH ST
403
POMPANO BEACH, FL 33064 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LIMA CHINISKI, ANTONIO
4334 NW 9 AVE., BLDG. 8, #1D
BOX 124
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

DE LIMA CHINISKI, ANTONIO
900 NW 45TH ST
403
POMPANO BEACH, FL 33064 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: ANTONIO DE LIMA CHINISKI

05/23/2009

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: P () Delete
Name: LIMA CHINISKI, ANTONIO
Address: 4334 NW 9 AVE., BLDG. 8, #1D
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIMA CHINISKI, ANTONIO
Address: 900 NW 45TH ST SUITE 403
City-St-Zip: POMPANO BEACH, FL 33064 US

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: ANTONIO DE LIMA CHINISKI

P

05/23/2009

Electronic Signature of Signing Officer or Director

Date