

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000062688

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** CHEVAL FINANCIAL 2010 INC.

**Current Principal Place of Business:**

5245 FISHER ISLAND DRIVE,  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

5245 FISHER ISLAND DRIVE,  
FISHER ISLAND, FL 33109

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: CHEVREL, FRANCIS  
Address: 5245 FISHER ISLAND DRIVE,  
City-St-Zip: FISHER ISLAND, FL 33109

Title: VPD  
Name: CHEVREL, JENNY A R.  
Address: 5245 FISHER ISLAND DRIVE,  
City-St-Zip: FISHER ISLAND, FL 33109

I hereby 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 all other like empowered.

SIGNATURE: FRANCIS CHEVREL

DPS

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date