
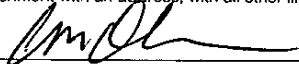


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90022 040 ***150.00

DOCUMENT # P93000050210 1. Entity Name CHAM-CAP, INC.			
Principal Place of Business 5200 BABCOCK STREET NE PALM BAY, FL 32905 US		Mailing Address P.O. BOX 61393 PALM BAY, FL 32906-1393 US	
2. Principal Place of Business - No P.O. Box # cto Jack B. Spira Suite, Apt. #, etc. 5205 Babcock St NE City & State Palm Bay, FL Zip 32905 Country USA		3. Mailing Address cto Jack B. Spira Suite, Apt. #, etc. 5205 Babcock St NE City & State Palm Bay, FL Zip 32905 Country USA	
6. Name and Address of Current Registered Agent SPIRA, JACK B 5205 BABCOCK ST. N.E. PALM BAY, FL 32905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD C. MARIO OLIVEIRA, MD 5200 BABCOCK ST NE PALM BAY, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  C. Mario Oliveira		Date 3/17/08	Daytime Phone # 321-725-5000