2007 FOR PROFIT CORPORATION

ANNUAL REPORT



01-16-2007 90205 014 ***158.75 DOCUMENT # P94000044236 1. Entity Name CHORI CORP. Principal Place of Business Mailing Address 60000963 2351 NORTHWEST 93 AVENUE 2351 NORTHWEST 93 AVENUE MIAMI, FL 33172 US MIAMI, FL 33172 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-0513852 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 380 WEST 41ST STREET HIALEAH, FL 33012 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTS TITLE Delete TITLE ☐ Change ☐ Addition MARQUEZ, JACK NAME NAME STREET ADDRESS 2351 NW 93 AVE STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIF Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information surplied 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 truster 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 agricers with all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR

FILED

Jan 16, 2007 8:00 am Secretary of State