

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90036 031 \*\*\*150.00

<b>DOCUMENT # P94000075248</b> 1. Entity Name <b>CHATANI ENTERPRISES, INC.</b>					
Principal Place of Business <b>630 N 3RD STREET JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>PO BOX 49247 JACKSONVILLE BEACH, FL 32240</b>		
2. Principal Place of Business - No P.O. Box # <b>14738 Starratt Creek Drive</b>		3. Mailing Address <b>14738 Starratt Creek Drive</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>59-3272457</b>	
Zip <b>32226</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHATANI, ANDREW 630 N. 3RD ST JACKSONVILLE BEACH, FL 32250</b>			7. Name and Address of New Registered Agent Name <b>Chatani Andrew</b> Street Address (P.O. Box Number is Not Acceptable) <b>14738 Starratt Creek Drive</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32226</b>		
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 <b>Andrew Chatani</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>1/16/08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHATANI, ANDREW 630 N 3RD ST JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHATANI, PAUL 630 N. 3RD ST JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BLACKMON, ANNE 630 N. 3RD ST JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O STANFORD, DONALD 630 N 3RD ST JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>Andrew Chatani</b> DATE <b>1/16/08</b> DAYTIME PHONE # <b>954-680-7759</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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