

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90376 009 \*\*\*150.00

<b>DOCUMENT # P95000023143</b>																													
<b>1. Entity Name</b> CHANTAL CORPORATION																													
<b>Principal Place of Business</b> 15619 SW 24 TERR MIAMI, FL 33185			<b>Mailing Address</b> 256 NW 42ND AVE MIAMI, FL 33126																										
<b>2. Principal Place of Business</b> 5555 Colins Ave Suite, Apt. #, etc. 15C		<b>3. Mailing Address</b> 5555 Colins Ave Suite, Apt. #, etc. 15C																											
<b>City &amp; State</b> Miami Beach FL		<b>City &amp; State</b> Miami Beach FL		<b>4...FEI Number</b> 65-0565479																									
<b>Zip</b> 33140		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> ALEMAN, JOSE M 13421 S.W. 24TH ST. MIAMI, FL 33175			<b>7. Name and Address of New Registered Agent</b> Name: Aleman Jose M Street Address (P.O. Box Number is Not Acceptable) 5555 Colins Ave 15-C City: Miami Beach FL Zip Code: 33140																										
<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.</b> SIGNATURE:																													
(NOTE: Registered Agent signature required when reinstating)																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
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<b>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.</b>																													
<b>SIGNATURE:</b>																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													
Date: _____ Daytime Phone #: _____																													