

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90052 028 \*\*\*150.00

**DOCUMENT # P95000057841**

1. Entity Name

CHA INTERNATIONAL, INC.



Principal Place of Business

21574 ST. ANDREWS  
GRAND CIRCLE, NO. 46  
BOCA RATON FL 33486  
US

Mailing Address

21574 ST. ANDREWS  
GRAND CIRCLE, NO. 46  
BOCA RATON FL 33486  
US

J4U40443



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0605720

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE ALBANESI, ALCIONE  
21574 ST ANDREWS GRAND CIRCLE  
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME DE ALBANESI, ALCIONE  
STREET ADDRESS 21574 ST. ANDREWS GRAND CIRCLE, NO.46  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME GONCALVES, SERGIO  
STREET ADDRESS 21574 ST. ANDREWS GRAND CIRCLE, NO.46  
CITY-ST-ZIP BOCA RATON FL 33486

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALCIONE DE ALBANESI 4/5/04 392-0589

Date

Daytime Phone #

(561)