


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000038377 1. Entity Name CHIRINO LOCKSMITH, INC.	
--	---

Principal Place of Business 1570 WEST 43RD PLACE SUITE #9 HIALEAH, FL 33012	Mailing Address 1570 WEST 43RD PLACE SUITE #9 HIALEAH, FL 33012
--	--

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0662021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIRINO, ANTONIO
1570 WEST 43RD PLACE
SUITE #9
HIALEAH, FL 33012

DO NOT WRITE
IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIRINO, ANTONIO 1570 WEST 43RD PLACE, SUITE #9 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHIRINO, MAYRD 1570 WEST 43RD PL #9 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000634632
02/22/07-80021-022 150.00

DO NOT WRITE
IN THIS SPACE

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: Antonio Chirino Vice President 2/1/07 807824312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #