
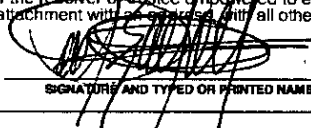


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91253 018 \*\*\*150.00

<b>DOCUMENT # P96000051443</b> 1. Entity Name <b>CHASTERY INC.</b>					
Principal Place of Business <b>15066 SW 172 TERR MIAMI, FL 33187</b>			Mailing Address <b>15066 SW 172 TERR MIAMI, FL 33187</b>		
2. Principal Place of Business <b>13014 S.W. 213 Ter</b> Suite, Apt. #, etc.		3. Mailing Address <b>13014 S.W. 213 Ter</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>65-0710789</b>	
Zip <b>33177</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORAN, MAGAO 15066 SW 172 TERR MIAMI, FL 33187</b>				7. Name and Address of New Registered Agent Name <b>MORAN, MAGNO</b> Street Address (P.O. Box N is Not Acceptable) <b>13014 S.W. 213 Ter</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33177</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>VP</b> NAME <b>MORAN, NORYS</b> STREET ADDRESS <b>15066 SW 172 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33187</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>MORAN, NORYS</b> STREET ADDRESS <b>13014 S.W. 213 Ter</b> CITY-ST-ZIP <b>MIAMI, FL 33177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>P</b> NAME <b>MORAN, MAGNO</b> STREET ADDRESS <b>15066 SW 172 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33187</b>	<input type="checkbox"/> Delete		TITLE <b>P</b> NAME <b>MORAN, MAGNO</b> STREET ADDRESS <b>13014 S.W. 213 Ter</b> CITY-ST-ZIP <b>MIAMI, FL 33177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
<b>SIGNATURE:</b> 			<b>04/30/04</b> <b>305 256-0537</b> Date Daytime Phone #		