

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 010 ***150.00

50020311



DOCUMENT # P96000051443 1. Entity Name CHASTERY INC.					
Principal Place of Business 13014 SW 213 TER. MIAMI, FL 33177			Mailing Address 13014 SW 213 TER. MIAMI, FL 33177		
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 65-0710789	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORGAN, MAGNO - 13014 SW 213 TER. MIAMI, FL 33177			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"> FL Zip Code </div>		
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)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete			
NAME	MORAN, NORYS				
STREET ADDRESS	13014 SW 213 TER.				
CITY-ST-ZIP	MIAMI, FL 33177				
TITLE	P	<input type="checkbox"/> Delete			
NAME	MORAN, MAGNO				
STREET ADDRESS	13014 SW 213 TER.				
CITY-ST-ZIP	MIAMI, FL 33177				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 my books empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # 305 256-0537	

ATTACHMENT

50020311

May 1, 2006


To: Florida Department of State
Division of Corporation
(UBR)

From: CHASTERY, INC.
13014 S.W. 213 Terr
Miami, FL 33177
Document # P96000051443

To Whom It May Concern:

As of today May 1, 2006 I haven't receive the UBR, I call this number (850) 245-6056 Given by my accountant and was told to write a letter to explain why the payment is late. The reason is I never receive any kind of form for me to make the payment. So when I was told what to do I proceed to follow their direction and sent the payment right away. Please check if the address is correct in record.

Thank you

A handwritten signature in black ink, appearing to be 'Magno Moran', with a large, stylized flourish above it.

Magno Moran