

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Jun 09, 2004 8:00 am
Secretary of State

05-03-2004 90708 046 ***100.00
06-09-2004 90004 013 ****50.00

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1. Entity Name

CHIDNESE ENTERPRISES INC



Principal Place of Business

424 S.W. 7TH COURT
BOYNTON BEACH FL 33435

Mailing Address

P.O. BOX 4291
BOYNTON BEACH FL 33424

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

65-0679891

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

CHIDNESE, ANTHONY
1100 SOUTH FEDERAL HWY
SUITE 4
BOYNTON BEACH FL 33435

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 re-registering)

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 D
NAME CHIDNESE, ANTHONY
STREET ADDRESS 1100 S. FEDERAL HWY, STE 4
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE V. President
NAME PATRICIA Chidnese Murante
STREET ADDRESS 434 SW 7TH CT
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Anthony Chidnese* *Anthony Chidnese*

4-28-2004 561 7362127