


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90174 029 ***150.00

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| DOCUMENT # P96000087630 |  |
| 1. Entity Name CHANIBRI, INC. | |

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| Principal Place of Business 212 TRACE COURT ROYAL PALM BEACH, FL 33411 US 13 S. Lakeshore Dr. HYPOLEXO, FL 33462 | Mailing Address 212 TRACE COURT ROYAL PALM BEACH, FL 33411 US Same |
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04052004 No Chg-P CR2E034 (10/03)

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| | |
|---|--|
| 4. FEI Number 65-0714271 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent TARTAGLIONE, NICHOLAS 111 YACHT CLUB WAY #106 HYPOLEXO, FL 33462 13 S. Lakeshore Dr HYPOLEXO FL 33462 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

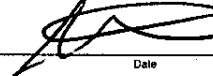
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 | PVST TARTAGHONE, NICHOLAS 441 YACHT CLUB WAY #106 HYPOLEXO, FL 33462 13 S. Lakeshore Dr HYPOLEXO, FL 33462 |
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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: Nicholas Tartaglione Pres  4.13.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 754 334-2624