

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90358 045 \*\*\*158.75

DOCUMENT # P97000058529

1. Entity Name  
CHASE INVESTMENT INC.



Principal Place of Business  
210 71 STREET  
# 308  
MIAMI BEACH, FL 33141 US

Mailing Address  
1640 CLEVELAND RD  
MIAMI BEACH, FL 33141 US

50041103



2. Principal Place of Business  
6450 W. 21st.  
Suite, Apt. #, etc. 206

3. Mailing Address

Suite, Apt. #, etc. Same

01262005 Chg-P CR2E034 (10/03)

City & State  
Hialeah FL  
Zip 33016 Country USA

City & State  
Same  
Zip Country

4. FEI Number  
65-0858359  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, TOMAS L  
1640 CLEVELAND ROAD  
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HERNANDEZ, TOMAS L  
STREET ADDRESS 1640 CLEVELAND RD  
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☐ Delete

TITLE SD  
NAME HERNANDEZ, MARIA C  
STREET ADDRESS 1640 CLEVELAND RD  
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-05