


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90284 049 ***150.00

DOCUMENT # P97000077704 1. Entity Name CHEMICORP, INC.																										
Principal Place of Business 5805 BLUE LAGOON DRIVE #447 MIAMI, FL 33126 US			Mailing Address 9260 SW 72ND STREET SUITE 206 MIAMI, FL 33173 US																							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5805 Ble Lagoon Dr. #447 Suite, Apt. #, etc. MIAMI, FL City & State																								
City & State Zip		City & State MIAMI, FL		4. FEI Number 65-0786513																						
Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent BAROUH, ALBERTO 9260 SW 72ND STREET SUITE 206 MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9360 S.W. 72nd STREET, SUITE 257 MIAMI, FL 33173 City MIAMI FL Zip Code 33173																							
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PTS YAFFAR, ALDO E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1205 CORDOVA STREET</td> <td></td> </tr> <tr> <td></td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	PTS YAFFAR, ALDO E		CITY-ST-ZIP	1205 CORDOVA STREET			CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u>Enrique Yaffar</u> 4/22/05 (305) 266-2818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										