

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90025 002 ***150.00

DOCUMENT # P97000099990 1. Entity Name CHINNY SERVICES INC			
Principal Place of Business 99 NW 183RD ST. S 229 MIAMI, FL 33169		Mailing Address 2708 SW 129 TERRACE MIRAMAR, FL 33027	
2. Principal Place of Business 99 NW 183 STREET		3. Mailing Address 	
Suite, Apt. #, etc. SUITE - 234		Suite, Apt. #, etc. 	
City & State MIAMI - FL		City & State 	
Zip 33169	Country DADE	Zip 	Country
4. FEI Number 65-0798787		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NZERIBE, RICHARD 755 NW 128 STREET MIAMI, FL 33168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature: typed or printed name of registered agent and file if applicable</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CHUKWUELUE, CHRIS <input type="checkbox"/> Delete 99 NW 183RD ST., #220 MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHUKWUELUE, CHRIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 99 NW 183' STR, SUITE 234 MIAMI - FL, 33169
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	A CHUKWUELUE, CLARA <input type="checkbox"/> Delete 99 NW 183RD ST #200 MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHUKWUELUE, CLARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 99 NW 183 STR, SUITE-234 MIAMI - FL, 33169
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.			
SIGNATURE: <u>CLARA CHUKWUELUE</u> 7/5/06 (305) 654-8840 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

ATTACHMENT

40098653

Date :07/05/06


Division of Corporations,
P.O.Box 1500
Tallahassee,FL-32302-1500.

Request for waiver of \$400.00 late filing fee.

Dear Sir/Madam,

I wish to request for a waiver of the four hundred dollars (\$400.00) late filing fee as our company (Chinny Nurses Registry) with document # P97000099990 did not receive the initial annual report filing notice.

Thanks for your usual co-operation in this regard.


Mrs Clara Chukwuelue,
Administrator