
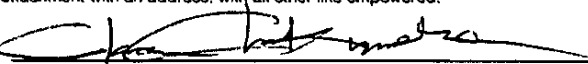


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000099990</b> 1. Entity Name <b>CHINNY SERVICES INC</b>		
Principal Place of Business <b>99 NW 183RD STREET SUITE 234 MIAMI, FL 33169</b>	Mailing Address <b>2708 SW 129 TERRACE MIRAMAR, FL 33027</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NZERIBE, RICHARD 755 NW 128 STREET MIAMI, FL 33168</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>U000000746808 05/16/07-80083-023 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHUKWUELUE, CHRIS 99 NW 183 STR, SUITE 234 MIAMI, FL 33169</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A CHUKWUELUE, CLARA 99 NW 183 STREET, SUITE 234 MIAMI, FL 33169</b>	
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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.		
<b>SIGNATURE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/24/07 (305) 654 8840</b> <small>Date Daytime Phone #</small>