2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107094

6287 W SUNRISE BLVD.

SUNRISE, FL 33313

Address: City-St-Zip: FILED Jun 10, 2009 Secretary of State

Entity Nan	ne: CHUTI	NEY ENTERPRISES, INC.			
Current Pr	incipal Pla	ce of Business:	New Principal Place o	New Principal Place of Business:	
6289 W. SU STE. 125 SUNRISE,		VD.			
Current Ma	ailing Addı	ress:	New Mailing Address	New Mailing Address:	
6289 W. SU STE. 125 SUNRISE,		VD.			
FEI Number:	65-0816912	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	f Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BABOOLAL, JAYSON 6289 W SUNRISE BLVD STE 125 TAMARAC, FL 33319 US				BABOOLAL, JAYSON 10897 SUNSET RIDGE CIRCLE BOYNTON BEACH, FL 33473 US	
The above in the State		ry submits this statement for the p	urpose of changing its registered	I office or registered agent, or both,	
SIGNATURE: JAYSON BABOOLAL				06/10/2009	
	Electr	onic Signature of Registered Age	nt	Date	
		193(2)(b), F.S., the corporation did no sing Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD BABOOLAL, 6289 W SUN SUNRISE, F	IRISE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD PUNSANG, I 6289 UISUN SUNRISE, F	DY BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP SIAYNI, JAG	(X) Delete MOHAN	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAYSON BABOOLAL PD 06/10/2009