2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# P98000033179

Entity Name: LOUIS A. CHAVES, INC.

Current Principal Place of Business:

5125 W COLONIAL DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

5703 RED BUG LAKE RD □□# 173
173
WINTER SPRINGS, FL 32708

Current Mailing Address:

5125 W COLONIAL DRIVE
ORLANDO, FL 32808

New Mailing Address:

5703 RED BUG LAKE RD □□# 173
173
WINTER SPRINGS, FL 32708

FEI Number: 59-1703474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAVES, LOUIS A
5125 W COLONIAL DRIVE
ORLANDO, FL 32808

Name and Address of New Registered Agent:

CHAVES, LOUIS A
5703 RED BUG LAKE RD □□# 173
173
WINTER SPRINGS, FL 32708

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.

SIGNATURE: LOUIS CHAVES 02/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHAVES, LOUIS A
Address: 5125 W. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32808

Title: VP ( ) Delete
Name: CHAVES, NYDIA
Address: 5125 W. CSL. DR.
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete
Name: RAMIREZ, SERA
Address: 5125 W. COLONIAL DR.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHAVES, LOUIS A
Address: 5703 RED BUG LAKE RD □□# 173
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change ( ) Addition
Name: CHAVES, NYDIA
Address: 5703 RED BUG LAKE RD □□# 173
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP (X) Change ( ) Addition
Name: CHAVES, LOUIS D
Address: 5703 RED BUG LAKE RD □□# 173
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LOUIS CHAVES P 02/19/2004
Electronic Signature of Signing Officer or Director Date