2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P98000057797 1. Entity Name CHABELA, INC.					Jan 29, 2004 08:00 AM Secretary of State			
Principal Place	e of Rusiness	Mailing Address	Mailing Address					
· `	L WAY 6TH FLOOR	2150 CORAL WAY 6TH FLOOR						
MIAMI FL 33		MIAMI FL 33145						
2. Principal P	lace of Business	3. Mailing Address			1			
					_		83 8331 10011 10010 1 3 33	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				MOORE CR2E	E034 (11/03)	
City & State	e	City & State			4.	FEI Number es ogs1266		Applied For
7:-	Country	7:-		_	65-0851266		Not Applicable	
Zip	Gountry .	Zip	Country		5.	Certificate of Status Desired	\$8.75 A Fee Requ	
6. Name and Address of Current Registered Agent					7. 1	Name and Address of New Registe	· .	
01.6	Name							
SMITH, GARY V 1230 N.W. 7 STREET				Street Address (P.O. Box Number is Not Acceptable)				
MIA								
				City			E Zip C	ada
							FL	
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 .	Signature typed or printed name of registered age	nt and title if applicable (NC	TE Registere	ed Agent signature requi	red whon o	roinstating)	ATE	
F	ILE NOW!!! FEE IS \$150.00					C. Flanton Commolon Financia	- AF	
5	r May 1, 2004 Fee will be \$550.00					 Selection Campaign Financing Trust Fund Contribution. 		.00 May Be led to Fees
10.	c Payable to Florida Department OFFICERS AN		11.		ΔΓ	DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC 182 21
TITLE	PD OFFICERS AN	D Dinections	TET	······		DDI NONS/CHANGES TO OFFICERS	Chang	
NAME	LOVIO, HECTOR		HAN					_
STREET ADDRESS CITY - ST - ZIP	2150 CORAL WAY 6TH FLOOR MIAMI FL 33145			EET ADDRESS (-SI-7)P		000000021145 -01/29/04-80095	.กาซ (ตก)	66
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NAME	LOVIO, ISABEL	Delete	NAN	-				e Monton
}	2150 CORAL WAY 6TH FLOOR			EET ADORESS				
City-St-ZiP	MIAMI FL 33145			f-ST-ZIP				a Assistan
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NAME STREET ADDRESS			NAN STR	ne Eet address				
CITY-ST-ZIP			CIT	r-ST-ZIP				
12. I hereby certify that the information supplied with this fling 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 empewered 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.								

FILED