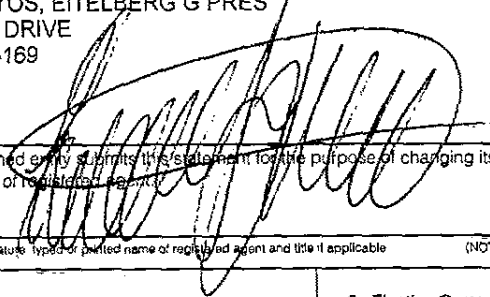
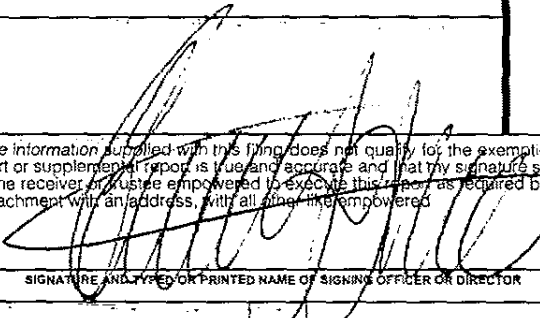


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000082285 1. Entity Name CHEMCO MANUFACTURING, INC.		
Principal Place of Business 1130 N.W. 159TH DRIVE MIAMI, FL 33169	Mailing Address 1130 N.W. 159TH DRIVE MIAMI, FL 33169	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MONTARROYOS, EITELBERG G PRES 1130 NW 159 DRIVE MIAMI, FL 33169		DO NOT WRITE IN THIS SPACE
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: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE 02-02-06
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTARROYOS, EITELBERG G PRES 1130 N.W. 159TH DRIVE MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTARROYOS, AMY S VP 1130 NW 159 DRIVE MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 information.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 02-02-06 Daytime Phone #



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0982181	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000426518
02/20/06-80046-013 150.00

**DO NOT WRITE
IN THIS SPACE**