## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## Aug 13, 2004 8:00 am Secretary of State DOCUMENT # P98000082572 08-13-2004 90071 021 \*\*\*150.00 1. Entity Name CHAVES-SUNRISE CORP. Principal Place of Business Mailing Address NOADODE 3906 NE 168 ST 3906 NE 168 ST N MIAMI BEACH FL 33160 US N MIAMI BEACH FL 33160 3. Mailing Address 2. Principal Place of Business N.E 38 CT 20155 20155 N.E 38 CT Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) 2401 Applied For City & State City & State 4. FEI Number PLORIDA 65-0869126 ANSUTURA Not Applicable Country U · S Zip. Country \$8.75 Additional 5. Certificate of Status Desired 3180 33/80 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAVES, JEROME A 3906 NE 168-ST 2015 N.E 3BCT #240) N<del>M</del>AMI-BEACH-FL 33160- AVENTURA. PL 33180 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607,193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ☐ Addition ☐ Delete TITLE 2015 N.E 38 CT #2401 CHAVES, JEROME NAME NAME 3906 N.E. 168TH STREET STREET ADDRESS STREET ADDRESS AVENTURA, R 39/80 NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE `Delete TITLE --- 🗀 Change --- 🗀 Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 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.

Lesse Tenome A Chaves - Pres. 8-12.04 305-205-1744

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Date

Date

Description

FILED