
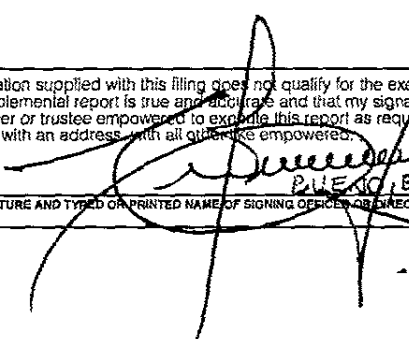


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Apr 30, 2004 08:0
Secretary of St

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000065019		
1. Entity Name CHETOLA HOLDINGS FLORIDA INC.		
Principal Place of Business 1221 BRICKELL AVE 9TH FLOOR SUITE 928 MIAMI, FL 33131 US		Mailing Address 1221 BRICKELL AVE 9TH FLOOR SUITE 928 MIAMI, FL 33131 US
DO NOT WRITE IN THIS SPACE		
		04132004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0990900		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ABITANTE, JOHN L 12340 NE 6TH COURT N MIAMI, FL 33161		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 _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	BUENO, ELISETTE MARIA	
STREET ADDRESS	1221 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		
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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 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 qualifications empowered.		
SIGNATURE: 		BUENO, ELISETTE MARIA 04/26/2004 (305) 372-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #