


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000072012</b> 1. Entity Name CHS ENTERPRISES, INC.	
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Principal Place of Business 9865 WEST SAMPLE RD CORAL SPRINGS, FL 33065	Mailing Address 9865 WEST SAMPLE RD CORAL SPRINGS, FL 33065
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**DO NOT WRITE IN THIS SPACE**



05162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0943196	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SCARBOROUGH, CINDY 9865 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065
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**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 title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	U00000764524 05/30/07 80064 010 150.00
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARBOROUGH, CINDY 9865 WEST SAMPLE RD CORAL SPRINGS, FL 33065
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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 like empowered.

<b>SIGNATURE:</b>  CINDY SCARBOROUGH 5/14/07 954 753 5354	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		