

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90116 048 ***158.75

40080653



04132005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000104711 1. Entity Name CHEMWEB, INC.					
Principal Place of Business 200 S. BISCAYNE BLVD., 4100 MIAMI, FL 33131			Mailing Address 200 S. BISCAYNE BLVD., 4100 MIAMI, FL 33131		
2. Principal Place of Business 100 SE 2 Street Suite, Apt. #, etc. 34th Floor City & State Miami, FL Zip 33131		3. Mailing Address 100 SE 2nd Street Suite, Apt. #, etc. 34th Floor City & State Miami, FL Zip 33131		Country Miami-Dade	
4. FEI Number 65-0976015		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORP INTERNATIONAL REGISTERED AGENTS INC 200 S. BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name BIPC Corporate Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street 34th Floor City Miami		
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.			FL Zip Code 33131		
SIGNATURE <u><i>Chalderon Jose Luis</i></u> 4/14/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CALDERON, JOSE LUIS 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CALDERON, JOSE LUIS 100 SE 2nd Street, 34th Floor Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete DE CALDERON, MAIOSY H 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE CALDERON, MAIOSY H. 100 SE 2nd Street, 34th Floor Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Jose Luis Calderon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>April 14, 2005</u> Daytime Phone #		