

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000105853

1. Entity Name
CHAYANI INTERNATIONAL, INC.



Principal Place of Business
2144 QUAIL ROOST DRIVE
WESTON, FL 33327 US

Mailing Address
2144 QUAIL ROOST DRIVE
WESTON, FL 33327 US

FILED

04 DEC 17 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0976919

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTES, MARIA F
2144 QUAIL ROOST DRIVE
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POTES, MARIA F
STREET ADDRESS 2144 QUAIL ROOST DRIVE
CITY-ST-ZIP WESTON, FL 33327 ☐ Delete

TITLE VS
NAME SALAZAR, JOHN
STREET ADDRESS 1003 SHOTGUN RD.
CITY-ST-ZIP SUNRISE, FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S-VP
NAME POTES, MARIA F.
STREET ADDRESS 2144 QUAIL ROOST DR.
CITY-ST-ZIP WESTON FL 33327 ☒ Change ☐ Addition

TITLE P-D
NAME SALAZAR, JOHN
STREET ADDRESS 1003 SHOTGUN RD
CITY-ST-ZIP SUNRISE, FL 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #