


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90052 049 ***550.00

DOCUMENT # P99000109029 1. Entity Name CHA-DEL-MAR INVESTMENTS, INC.					
Principal Place of Business 6299 W SUNRISE BLVD SUITE 209 SUNRISE, FL 33313			Mailing Address 6299 W SUNRISE BLVD SUITE 209 SUNRISE, FL 33313		
2. Principal Place of Business 6289 W. Sunrise Blvd Suite, Apt. #, etc. # 119 City & State Surprise FL Zip 33313		3. Mailing Address 6289 W. Sunrise Blvd Suite, Apt. #, etc. # 119 City & State Surprise FL Zip 33313			
Country USA		Country USA			
6. Name and Address of Current Registered Agent FRANCIS, DELROY 16460 NW 18TH MANOR PLANTATION, FL 33322			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PDT FRANCIS, DELROY 16460 NW 18TH MANOR PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delroy Francis 439 Sweet Bay Avenue Plantation, FL 33324
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/16/04 954-792-0020 <small>Date Daytime Phone #</small>		



08162004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0966686

Applied For
Not Applicable

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