

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # S30066 1. Entity Name CHIKUITO SERVIPLAST, INC.	
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Principal Place of Business 2622 SW 3RD ST. MIAMI, FL 33135 US	Mailing Address 2622 SW 3RD ST. MIAMI, FL 33135 US
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04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHIKUITO, JORGE A. 2622 SW 3RD ST. MIAMI, FL 33135
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIKUITO, JORGE A 2622 SW 3RD ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIKUITO, LUCY V 2622 SW 3RD ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHIKUITO, JUAN CARLOS 2622 SW 3RD ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIKUITO, JORGE R 1206 NW 29 TERRACE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOYA, EDUARDO G. 2622 SW 3RD. STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/06-80072-025 150.00

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IN THIS SPACE**

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.

SIGNATURE: Jorge A. Chiquito, PD 4/20-06 305.649.2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jorge A. Chiquito