## **2004 FOR PROFIT CORPORATION** ANNIIAI REPORT (AR) ~

Secretary of State  R. CHIMCHIRIAN, INC.  Walking Address P.O. BOX 10181 P.O. BOX Number is Not Acceptable. P.O. BOX Number is Numb		ANNOAL N	LPONI (AN)	•	Apr 19, .	2004 <b>8:</b> 00	am	
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2. Principal Place of Business Suite. Apr. 4, etc. Suite. Apr. 4,	R. CHIMCHIRIAN, INC.				04-19-2004	90336 024 ***150.00		
P.O. BOX 10181 2. Principal Place of Business Suite Apr. #, etc. Suite Advance of Suite Desired Suite Apr. #, etc. Suite Apr. #	Principal Plac	e of Business	Mailing Address	1	<del></del>			
Suite Apr 8, otc	5555 N.OCEAN BLVD, #77 P.O.BOX 10191		3061-6191		2404121	ſ		
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Control   Country   Country   Country   Country   Country   St. Cartificate of Status Cleared   Set 79   Additional of Current Registered Agent   Set 70   Set 70   Additional of Current Registered Agent   Set 70   Additional of Current Register	405 N		Wailing States V. C	KRAN	BLUD HIRBERT			
Type   Country	Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #	705	MOORE	CR2E034 (11/03)		
S. Certificate of Status General   Feb Required   Status   Address of Current Registered Agent   Status   Address (P.O. Sox Number is Not Acceptable)   Street Address (P.O. Sox Number is Not Acceptabl	City & State		THOSE	4. FEI Number NO-T AF		•		
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CHINCHIRIAN ON SSSS N.OCEAN BLVD, #77 FT.LAUDE/DALE FL 33308  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 familier with and accept the collipations of registered agent.  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 familier with and accept the collipations of registered agent.  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 familier with and accept the collipations of registered agent. And the state of Florida. I am familier with and accept the collipations of registered agent.  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 familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations of registered agent, or both, in the State of Florida. I am familier with and accept the collipations	6. Name and Address of Current Registered Agent				7. Name and Address of Ne	w Registered Agent		
SITE ADDITIONS (CITY ST-2P)  STREET ADDRESS (	CHIMCHIRIAN RON							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU	5555 N.OCEAN BLVD, #77			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Lam familier with, and accept the obligations of registered agent.  SIGNATURE    Signature	FT.LAUDERDALE FL 33308				31 - 31 - 31 - 31 - 31 - 31 - 31 - 31 -			
SIGNATURE   Signat	•			City		FL Zip Code	e	
FILE NOW!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  **Make Check Payable to Floridab Department of State*  10. OFFICERS AND DIRECTORS								
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After May 1, 2004 Fee will be \$550.00   State   State	FUE NOW!!! FEE:\S:\S\50.00							
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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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. indicated on this repor of the corporation or the changed, or on an alia

SIGNATURE: