## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

· ANNUAL REPORT					Jan 18, 2005 08:00 AM			
1. Entity Nan	MENT # S95369 CHTS, INC.						of State	
2152 S.E. 17TH STREET		Mailing Address 2152 S.E. 17TH STREET FORT LAUDERDALE, FL 33316						
C	OO NOT WRITE I	N THIS SPA	CE	01112005 4. FEI Numbe 65-032		CR2E034 (		
STE. 400	6. Name and Address of Current Reg CORP DES ROAD TON, FL 33431		NOT W HIS SP					
the obligate SIGNATURE.	named entity submits this statement for the ions of registered agent.  Signature typed or printed name of registered agent and tist.  E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		Agent signature required		n, in the State of Flo.	rida. I am famili DATE	ar with, and accept	
10,	_ ÖFFIÇERS AND ÖIRI	L CTORS I						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD CANAVAN, DONALD LEE 2152 S.E17TH ST. FT. LAUDERDALE, FL							
NAME STREET ADDRESS CITY+ST-ZIP	T CANAVAN_MARGARET 2152 S E 17TH STREET FT. LAUDERDAŁE, FL	-			U000001 01/19/05-8	- .83378 30065-013	3 150.00	
NAME SIREET ADDRESS CITY-SI-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-\$1 ZIP								
TITLE NAME SIREET ADDRESS CITY-SI ZIP	R							
12. I hereby of indicated of the correctanged,	peritify that the information supplied with this on this report or supplemental report is true poration or the receiver of frostee empowers or on an attachment with an address, with a	filing does not qualify for the exen and accurate and that my signate of to execute this report as require all other like empowered.	nption stated in Sec ure shall have the s ad by Chapter 607,	otion 119.07(3)(i) ame legal effect Florida Statutes	Florida Statutes. If as if made under of and that my name	further certify thath; that I am an appears in Bloc	at the information officer or director k 10 or Block 11 if	

**FILED**