

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28001

FILED  
May 01, 2008  
Secretary of State

Entity Name: CHUBBER CORP.

**Current Principal Place of Business:**

746 SW 2 ST  
MIAMI, FL 33130 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 403024  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 65-0332159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCANDELL, JOSE P  
3467 PRAIRIE AVE.  
MIAMI, FL 33140 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: ESCANDELL, NORMA D.  
Address: PO BOX 654956  
City-St-Zip: MIAMI, FL 33265

Title: VPD ( ) Delete  
Name: ESCANDELL, JOSE P.  
Address: PO BOX 65956  
City-St-Zip: MIAMI, FL 33265

Title: SD ( ) Delete  
Name: ESCANDELL, NORMA  
Address: PO BOX 654956  
City-St-Zip: MIAMI, FL 33265

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ESCANDELL

VPD

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date