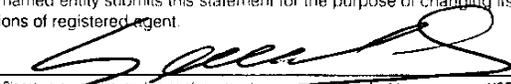
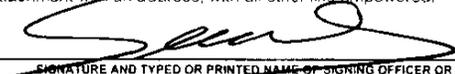


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90093 037 \*\*\*158.75

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| DOCUMENT # V42686  |   |  |   |  |  |
| 1. Entity Name<br>CHE, TANO INC.   |   |  |   |   |  |
| Principal Place of Business<br>13726 SW 88 STR<br>MIAMI, FL 33186 US   |   |  | Mailing Address<br>16155 SW 86 TERR.<br>MIAMI, FL 33193 US  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br>16535 SW 97 ST   |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State<br>MIAMI FL   |   | 4. FEI Number<br>65-0344236   |  |
| Zip  |   | Country<br>USA   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   | \$8.75 Additional Fee Required   |   |   |  |
| 6. Name and Address of Current Registered Agent<br>DIORENZO, GRACIELA<br>16155 SW 86 TERR.<br>MIAMI, FL 33193  |   |  | 7. Name and Address of New Registered Agent<br>Name: SERGIO DI LORENZO<br>Street Address (P.O. Box Number is Not Acceptable):<br>16535 SW 97 ST<br>City: MIAMI FL Zip Code: 33196 |   |  |
| 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.<br>SIGNATURE:  DATE: 4/19/08   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>DIORENZO, GRACIELA<br>10822 SW 89 LN<br>MIAMI, FL 33176 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>SERGIO DI LORENZO<br>16535 SW 97 ST<br>MIAMI FL 33196                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VS<br>MEDINA, SANDRA<br>9104 SW 151 COURT<br>MIAMI, FL 33196  | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VS<br>CARLA DI LORENZO<br>16155 SW 86 TERR<br>MIAMI FL 33193                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:    |   |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date  |   | Daytime Phone #  |