

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000015567

**Entity Name:** CHICORY, INC.

**Current Principal Place of Business:**

420 S. DIXIE HWY  
2B  
CORAL GABLES, FL 33146

**Current Mailing Address:**

420 S. DIXIE HWY  
2B  
CORAL GABLES, FL 33146

**FEI Number:** 45-4549862

**Certificate of Status Desired:** No

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

ZUMPFE, PATRICIA  
420 S. DIXIE HWY  
2B  
CORAL GABLES, FL 33146 US

*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

**Officer/Director Detail :**

Title            P,T  
Name            ZUMPFE, PATRICIA  
Address        420 S. DIXIE HWY SUITE 2B  
City-State-Zip: CORAL GABLES FL 33146

Title            VP,S  
Name            ZUMPFE            F, RANCIS        W  
Address        420 S. DIXIE HWY SUITE 2B  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATRICIA ZUMPFE

**PRESIDENT**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date