

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90080 002 \*\*\*150.00

00007061



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # F93000004136</b> 1. Entity Name <b>CHATHAM COMMUNICATIONS, INC.</b>			
Principal Place of Business 407 LINCOLN RD 10-E MIAMI BEACH FL 33139 US		Mailing Address 407 LINCOLN RD 10-E MIAMI BEACH FL 33139 US	
2. Principal Place of Business 301 OCEAN DRIVE Suite, Apt. #, etc. SUITE 303		3. Mailing Address P.O. BOX 1377 Suite, Apt. #, etc.	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33139		Zip 33119	
Country		Country	
4. FEI Number 13-3018732		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANDY, RICHARD 407 LINCOLN RD. SUITE 10-E MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent Name: RICHARD LANDY Street Address (P.O. Box Number is Not Acceptable) 301 OCEAN DRIVE SUITE 303 City: MIAMI BEACH FL Zip Code: 33139	
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. SIGNATURE: <i>Richard Landy</i> DATE: 2/22/2005 <small>Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete LANDY, RICHARD 2901 S. BAYSHORE DRIVE COCONUT GROVE FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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 I/we empowered.			
SIGNATURE: <i>Richard Landy, Pres.</i>		Date: 3/22/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	