


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90029 036 ***150.00

DOCUMENT # F96000000825

1. Entity Name
CHANCEL SERVICE CORPORATION



Principal Place of Business
901 PONCE DE LEON BLVD 700
7TH FLOOR
CORAL GABLES FL 33134
US

Mailing Address
901 PONCE DE LEON BLVD 700
7TH FLOOR
CORAL GABLES FL 33134
US



2. Principal Place of Business - No P.O. Box #
9336 CIVIC CENTER DR
 Suite, Apt. #, etc.

3. Mailing Address
9336 CIVIC CENTER DR
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
BEVERLY HILLS CA

City & State
BEVERLY HILLS CA

Zip
90210 Country

Zip
90210 Country

4. FEI Number **13-3626469** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIERMAN, PAUL 901 PONCE DE LEON BLVD 700 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOLONEY, ADRIAN 901 PONCE DE LEON BLVD 7TH FLOOR CORAL GABLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VESLENO, ERLINDA 901 PONCE DE LEON BLVD. SUITE 700 MIAMI FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/OFFICER PAUL LIERMAN 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Paul Lierman **PAUL LIERMAN** 4/20/07 305-994-6811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #