

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000000090

1. Entity Name
CHCS, INC.



Principal Place of Business
3050 UNIVERISAL BLVD
STE 150
WESTON, FL 33331 US

Mailing Address
3050 UNIVERISAL BLVD
STE 150
WESTON, FL 33331 US



02242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0821070

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

RIPPS, JUDITH A
HARNETT LESNICK & RIPPS P. A.
150 E. PALMETTO PARK RD. STE 500
BOCA RATON, FL 33432

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	JACOBS, GARY
STREET ADDRESS	3050 UNIVERSAL BLVD #150
CITY-ST-ZIP	WESTON, FL 33331

TITLE	DCOO
NAME	ISRAEL, JASON
STREET ADDRESS	3050 UNIVERSAL BLVD #150
CITY-ST-ZIP	WESTON, FL 33331

TITLE	D
NAME	BARASCH, RICHARD
STREET ADDRESS	3050 UNIVERSAL BLVD #150
CITY-ST-ZIP	WESTON, FL 33331

TITLE	D
NAME	BRYANT, GARY
STREET ADDRESS	3050 UNIVERSAL BLVD #150
CITY-ST-ZIP	WESTON, FL 33331

TITLE	D
NAME	WAEGELEIN, ROBERT
STREET ADDRESS	3050 UNIVERSAL BLVD #150
CITY-ST-ZIP	WESTON, FL 33331

TITLE	STCO
NAME	CARR, DANIELLE
STREET ADDRESS	3050 UNIVERSAL BLVD. #150
CITY-ST-ZIP	WESTON, FL 33331

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03/11/05-80031-003 158.75

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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 like persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

2/25/05

Date

954-888-4888

Daytime Phone #