


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90033 033 \*\*\*150.00

DOCUMENT # P02000036631			
1. Entity Name POLGAR CHESS, INC.			
Principal Place of Business 103-10 QUEENS BLVD 1C FOREST HILLS, NY 11375		Mailing Address <del>107-23 71ST ROAD #137 FOREST HILLS, NY 11375</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>6923 INDIANA AVE.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#154</b>	
City & State		City & State <b>LUBBOCK, TX</b>	
Zip	Country	Zip	Country
		<b>79413</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRUONG, HOANHAN M 25 CARLSON LANE PALM COAST, FL 32137		Name <b>TRUONG, MICHEL</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>25 CARLSON LANE</b>	
		City <b>PALM COAST</b>	FL
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>Michel Truong</i>		DATE	
Signature, typed or printed name of registered agent, and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLGAR, SUSAN	NAME	
STREET ADDRESS	<del>103-10 QUEENS BLVD #1C</del>	STREET ADDRESS	<b>6923 INDIANA AVE. #154</b>
CITY - ST - ZIP	<del>FOREST HILLS, NY 11375</del>	CITY - ST - ZIP	<b>LUBBOCK, TX 79413</b>
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUONG, HOANHAN M	NAME	
STREET ADDRESS	25 CARLSON LANE	STREET ADDRESS	
CITY - ST - ZIP	PALM COAST, FL 32137	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Polygar</i>		Date <b>4-27-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Dynamic Phone #	