2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000128673

1. Entity Name
CHELSEA MANAGEMENT CORP.

Principal Place of Business	Mailing Address
1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131	1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1656247
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

M & W REGISTERED AGENTS, INC.
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON, FL 33431-7343

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALPRYN, GLENN
STREET ADDRESS	1428 BRICKELL AVENUE #105
CITY-ST-ZIP	MIAMI, FL 331313409
TITLE	V
NAME	SILVER, NOAH M
STREET ADDRESS	1428 BRICKELL AVENUE #105
CITY-ST-ZIP	MIAMI, FL 331313409
TITLE	T
NAME	WEISBERG, ALAN J
STREET ADDRESS	1428 BRICKELL AVENUE #105
CITY-ST-ZIP	MIAMI, FL 331313409
TITLE	S
NAME	HOERNER, JUDITH A
STREET ADDRESS	1428 BRICKELL AVENUE #105
CITY-ST-ZIP	MIAMI, FL 331313409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ GLENN L. HALPRYN, PRESIDENT 02/06/2006 (305) 371-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #