


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P07749</b>		
1. Entity Name CHANEL, INC.		
Principal Place of Business 876 CENTENNIAL AVE PISCATAWAY, NJ 08855	Mailing Address 876 CENTENNIAL AVE PISCATAWAY, NJ 08855	



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-0565120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERTHEIMER, ALAIN 9 WEST 57 STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPELMAN, ARIE 9 WEST 57TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEILBRONN, CHARLES 9 WEST 57 STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MURPHY, MICHAEL F. 9 WEST 57TH STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIQUET, MAUREEN 9 WEST 57 STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLMER, KENNETH 9 WEST 57 STREET NEW YORK, NY

U00000747210  
05/17/07-80016-024 150.00

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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:**  **KENNETH ELLMER** 4/24/07 (732) 885-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #