

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061620

Entity Name: 934-5151, INC.

FILED  
Feb 04, 2005  
Secretary of State

## Current Principal Place of Business:

BANK ATLANTIC-C/O MR. ISAAC A.  
CHINKIES 1101 BRICKELL AVE.  
MIAMI, FL 33131

## New Principal Place of Business:

5151 COLLINS AVE  
#934  
MIAMI BEACH, FL 33140 US

## Current Mailing Address:

BANK ATLANTIC-C/O MR. ISAAC A.  
CHINKIES 1101 BRICKELL AVE.  
MIAMI, FL 33131

## New Mailing Address:

5151 COLLINS AVE  
#934  
MIAMI BEACH, FL 33140

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHINKIES, ALBERTO  
5333 COLLINS AVENUE #8-B  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

CHINKIES, MARIA LAURA  
5151 COLLINS AVE  
#934  
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: MARIA LAURA CHINKIES

02/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: LANGIER DE CHINKIES, MARTA JUDITH  
Address: 5333 COLLINS AVENUE #8-B  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: CHINKIES, MARIA LAURA  
Address: 5333 COLLINS AVENUE #8-B  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: CHINKIES, YANINA G  
Address: 5333 COLLINS AVENUE #8-B  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: CHINKIS, DANIELA  
Address: 5333 COLLINS AVE 8-B  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS ( ) Delete  
Name: CHINKIES, MARIA  
Address: 5333 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LAURA CHINKIES

D

02/04/2005

Electronic Signature of Signing Officer or Director

Date