


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 035 ***150.00

DOCUMENT # 194310	
1. Entity Name CHATEAU ISLE INC	

Principal Place of Business 7939 WEST DRIVE APT. 103 NORTH BAY VILLAGE, FL 33141 US	Mailing Address 7939 WEST DRIVE APT 103 NORTH BAY VILLAGE, FL 33141 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCOTT, CHARLES R. 7939 WEST DRIVE APT#103 NORTH BAY VILLAGE, FL 33141		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREINER, ROBERT H	NAME	
STREET ADDRESS	1700 SW 86TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REARDON, SANDRA	NAME	SATOKO UMEDA
STREET ADDRESS	7941 WEST DRIVE, #202	STREET ADDRESS	7939 WEST DRIVE #104
CITY-ST-ZIP	MIAMI, FL 33141	CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, CHARLES R.	NAME	
STREET ADDRESS	7939 WEST DRIVE 103	STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, ADA R.	NAME	
STREET ADDRESS	7941 WEST DRIVE 201	STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	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	
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: Charles R. Scott **Charles R. Scott** **3-25-07** **305-638-3699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #