


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 247609

1. Entity Name
CHERNOFF SALES INC



Principal Place of Business 3308 PARK CENTRAL BLVD N. POMPANO BEACH, FL 33064 US	Mailing Address 3308 PARK CENTRAL BLVD N. POMPANO BEACH, FL 33064 US
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0941776	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDISMAN, JOSEPH S.
3308 PARK CENTRAL BLVD N.
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00

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

UN00000386986
01/19/06-80020-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANDISMAN, JOSEPH S 3308 PARK CENTRAL BLVD N. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDISMAN, SELMA 3308 PARK CENTRAL BLVD N. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURETZKY, M 3308 PARK CENTRAL BLVD, N POMPANO BCH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Joseph S Andisman 1/12/06 954-972-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #