## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # 252397** 01-23-2006 90103 031 \*\*\*158.75 CHATHAM TERRACE INC Principal Place of Business Mailing Address 2617 LINCOLN ST 2617 LINCOLN ST APT. 9 APT. 9 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 115 2. Principal Place of Business 3. Mailing Address 2617 LINCOLN 2617 LINKOLN Suite, Apt. #, etc Suite, Apt. #, etc. 01092006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number HULLIWOOD HOLLY WO PF 59-0997386 Not Applicable Zip 3026 Country 13 ROWARD Country \$8.75 Additional 5. Certificate of Status Desired 3020 BRUWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CATANA MIDDENDORF, MARCUS Street Address (P.O. Box Number is Not Acceptable) 2617 LINCOLP 57 2617 LINCOLN ST APT. 9 HOLLYWOOD, FL 33020 d HIO Zip Code 32020 City tracel moso 3. 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 egistered agent. CATANA PRESIDENT SIGNATURE ered Agent aignature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT PRES Delete TITLE TITLE ANA CATANA MIDDENDORF, MARCUS NAME MALE 2617 Lincock ST. # 10 STREET ADDRESS 2617 LINCOLN STREET APT 9 STREET ADDRESS Wilywood FL. CTY-ST-7P HOLLYWOOD, FL 33020 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME CATANA, ANA NAME STREET ADDRESS 2617 LINCOLN ST #10 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP ππε ☐ Delete TITLE ☐ Change ☐ Addition TRUJILLO, JULIE NAME NAME STREET ADDRESS 2617 LINCOLN ST APT 5 STREET ADORESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Addition TITLE Oelete Change MALAF MAME STREET ADDRESS STREET ADDRESS DTY-ST-7P CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ILESIDENT.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Jan 23, 2006 8:00 am

944) 540-1324