

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 523482

1. Entity Name

THE CHOSEN GIFT AND BOOKSTORE, INC.



Principal Place of Business
7146 SW 117 AVENUE
MIAMI FL 33183

Mailing Address
7146 SW 117 AVENUE
MIAMI FL 33183



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

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1771624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, MELVIN R
15715 S. DIXIE HWY
SUITE 229
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KOHN, GERALD
STREET ADDRESS 9230 SW 150 AVENUE
CITY-ST-ZIP MIAMI FL

☐ Change ☐ Addition
U00000620097
02/09/07-80023-013 150.00

TITLE SDT ☐ Delete
NAME KOHN, ZINA
STREET ADDRESS 9230 SW 150 AVENUE
CITY-ST-ZIP MIAMI FL

☐ Change ☐ Addition

TITLE VP ☐ Delete
NAME LOCKENBACH, SUSAN
STREET ADDRESS 10105 SOUTHWEST 114 COURT
CITY-ST-ZIP MIAMI FL

☐ Change ☐ Addition

TITLE VP ☐ Delete
NAME BEN-CHETRIT, AMALIA
STREET ADDRESS 8121 SW 104 STREET
CITY-ST-ZIP MIAMI FL

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Zina Kohn* SDT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

Date

305 596-3639

Daytime Phone #