


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 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
--	--

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1771624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANN, MELVIN R 15715 S. DIXIE HWY SUITE 229 MIAMI, FL 33157	DO NOT WRITE IN THIS SPACE
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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOHN, GERALD 9230 SW 150 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT KOHN, ZINA 9230 SW 150 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKENBACH, SUSAN 10105 SOUTHWEST 114 COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEN-CHETRIT, AMALIA 8121 SW 104 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000815794
02/14/08-80022-019 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

Date

305-596-3639

Daytime Phone #