

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 523482

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** THE CHOSEN GIFT AND BOOKSTORE, INC.

**Current Principal Place of Business:**

7146 SW 117 AVENUE  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

7146 SW 117 AVENUE  
MIAMI, FL 33183

**New Mailing Address:**

**FEI Number:** 59-1771624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KOHN, GERALD,  
Address: 9230 SW 150 AVENUE  
City-St-Zip: MIAMI, FL

Title: SDT ( ) Delete  
Name: KOHN, ZINA,  
Address: 9230 SW 150 AVENUE  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: LOCKENBACH, SUSAN,  
Address: 10105 SOUTHWEST 114 COURT  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: BEN-CHETRIT, AMALIA,  
Address: 8121 SW 104 STREET  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SUSAN LOCKENBACH

VP

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date