

Feb 25, 2005 10:17AM

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90010 047 ***150.00

DOCUMENT # F02000003058			
1. Entity Name CHANCERY LANE REAL ESTATE INC.			
Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 71-0881052		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	
TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		Name Transglobal Corp. Administration, LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr. Suite 0-305 City Miami FL Zip Code 33131	
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, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	PSD LOW-BEER, GERARDO ☐ Delete 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, and I am otherwise empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 03/17/2005 (305) 3743800 Daytime Phone #	