

FILED
Aug 15, 2005 8:00 am
Secretary of State

50061625

DOCUMENT # F03000004779				08-15-2005 90081 026 ***150.00	
1. Entity Name N720CH, INC					
Principal Place of Business 2930 BISCAYNE BLVD. MIAMI, FL 33137		Mailing Address 2930 BISCAYNE BLVD. MIAMI, FL 33137			
2. Principal Place of Business		3. Mailing Address		50061625	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07142005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-0249557	
Zip		Country		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		
CHRISTENBURY, SHARON ESQ. 2930 BISCAYNE BLVD. MIAMI, FL 33137			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALBUT, RUSSELL W		NAME		
STREET ADDRESS	2930 BISCAYNE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33137		CITY - ST - ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAHN, SONNY		NAME		
STREET ADDRESS	2930 BISCAYNE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33137		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DACHOH, SHLOMO		NAME		
STREET ADDRESS	2930 BISCAYNE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33137		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZDON, JOSEPH		NAME		
STREET ADDRESS	2930 BISCAYNE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33137		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTENBURY, SHARON		NAME		
STREET ADDRESS	2930 BISCAYNE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33137		CITY - ST - ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE ALMAGRO, PABLO		NAME		
STREET ADDRESS	2930 BISCAYNE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33137		CITY - ST - ZIP		
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 all other like empowered.					
305.374.5700					
SIGNATURE:  Sharon Christenbury, Vice President 7/21/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					