

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000005844

1. Entity Name
CHELSEA TIARA PARTNERS, INC.



Principal Place of Business
**206 S. FIFTH AVENUE #175
ANN ARBOR, MI 48104**

Mailing Address
**206 S. FIFTH AVENUE #175
ANN ARBOR, MI 48104**



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3266457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAPO, MICHAEL
3000 N. OCEAN DRIVE
RIVIERA BEACH, FL 33404**

**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. ☐ **\$5.00 May Be
Added to Fees**

**U00000939448
05/28/08-80023-013 158.75**

10. OFFICERS AND DIRECTORS

TITLE	CT
NAME	PAPO, MICHAEL
STREET ADDRESS	3000 N. OCEAN DRIVE
CITY-ST-ZIP	RIVIERA BEACH, FL 33404

TITLE	VCPS
NAME	PAPO, RENE
STREET ADDRESS	206 S. FIFTH AVENUE #175
CITY-ST-ZIP	ANN ARBOR, MI 48104

TITLE	VP
NAME	PAPO, JUDY
STREET ADDRESS	3000 N OCEAN DRIVE #23H
CITY-ST-ZIP	RIVIERA BEACH, FL 33404

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

4/27/08