

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F38233

FILED  
Apr 12, 2005  
Secretary of State

Entity Name: CHAND PROPERTIES OF FLORIDA, INC

**Current Principal Place of Business:**

18901 NE 29TH AVE.,  
STE. 100  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18901 NE 29TH AVE.,  
STE. 100  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 59-2200186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DADE CONTY CORPORATE AGENTS, INC.  
18901 NE 29TH AVE.,  
SUITE 100  
AVENTURA, FL 33180 US

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

DADE COUNTY CORPORATE AGENTS, INC.  
18901 NE 29TH AVE.,  
SUITE 100  
AVENTURA, FL 33180 US

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: JEFFREY M. PERLOW      04/12/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: CHAND, ANITA,  
Address: 18901 NE 29TH AVE., SUITE 100  
City-St-Zip: AVENTURA, FL 33180

Title: P      ( ) Delete  
Name: CHAND, KAILASH  
Address: 18901 NE 29TH AVE., SUITE 100  
City-St-Zip: AVENTURA, FL 33180

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

Title: S      (X) Change ( ) Addition  
Name: CHAND, ANITA  
Address: 18901 NE 29TH AVE., SUITE 100  
City-St-Zip: AVENTURA, FL 33180

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAILASH CHAND      P      04/12/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date