

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 20, 2008
Secretary of State**

DOCUMENT# F38233

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 COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVE.,
SUITE 100
AVENTURA, FL 33180 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: 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: () 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: CHAND, KAILASH

P

02/20/2008

Electronic Signature of Signing Officer or Director

Date