

Jan 13 06 04:33p Frank Kelemen
JAN 13 2006 02:28 PM NEWSPHOTO RELEASE GROUP INC
ANNUAL REPORT

582129783058 **FILED** P.3

Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000003490	
1. Entity Name CHERT N.V.	
Principal Place of Business 3165 NE 48TH COURT BLDG. 6B-209 LIGHTHOUSE POINT, FL 33064	Mailing Address 3165 NE 48TH COURT BLDG. 6B-209 LIGHTHOUSE POINT, FL 33064
DO NOT WRITE IN THIS SPACE	



01122006 No Chg-P CR2ED94 (11/06)

4. FEI Number 98-0057520	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COPROLITE CORPORATION ONE SE THIRD AVE., STE. 1400-A MIAMI, FL 33131

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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 must be in person or by registered agent and file if applicable. (NOTE: Registered Agent signature required when relocating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2016 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVOTRE, N.V. KALLA CORONA SO-KRALIENDISK BONAIRE NETHERLANDS ANTILLES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATTY KELEMEN, FRANK ANTONIO APARTADO 80277 CARACAS, 1080, VENEZUELA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATTY KELEMEN, FRANCOIS APARTADO 80277 CARACAS, 1080, VENEZUELA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATTY KELEMEN, JOSEFINA APARTADO 80277 CARACAS, 1080, VENEZUELA.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/06-80026-017 150.00

**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 fee empowered.

SIGNATURE: _____
NECESSARY AND TYPED OR PRINTED NAMES OF SIGNING OFFICERS OR DIRECTOR

01/13/06

Original Photo #