

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000003967

1. Entity Name
SWISS CHALET HOLDINGS, INC.



Principal Place of Business

ONE BOCA PLACE 2255 GLADES RD STE 324
ATRIUM, PMB#1070
BOCA RATON, FL 33433

Mailing Address

ONE BOCA PLACE 2255 GLADES RD STE 324
ATRIUM, PMB#1070
BOCA RATON, FL 33433



05302007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1399208

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000766343
06/18/07-80001-004 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
KANOUSE, KEITH
2255 GLADES RD STE. 324 ST ATRIUM PMB 1070
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PASD
WILKIE, IAN
2255 GLADES RD SUITE 324A PMB 1070
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

IAN WILKIE, Director, President & Assistant Secretary

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31/07

Date

905-405-6722

Daytime Phone #