


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 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



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1399208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 \$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

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
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05/23/08-80066-010 150.00

**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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ian Wilkie, Director, President &

Assistant Secretary

Date

Daytime Phone #

April 23/08

905-405-6717