


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # G90146
 1. Entity Name
CHATEAUBLEAU INN, INC.



Principal Place of Business Mailing Address
 1111 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134-3321 1111 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134-3321



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0029133 Not Applicable

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

6. Name and Address of Current Registered Agent
 GRILLAS, BOB
 1111 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33134

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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 obligation of, registered agent.

SIGNATURE:  DATE: **5/1/06**

Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

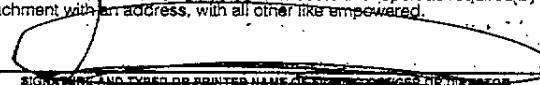
10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GRILLAS, BOB
STREET ADDRESS	1111 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VPD
NAME	GRILLAS, DIMITRIOS
STREET ADDRESS	1111 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	GRILLAS, CONSTANTINOS
STREET ADDRESS	1111 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  DATE: **5/1/06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

BOB GRILLAS