

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G90146

Entity Name: CHATEAUBLEAU INN, INC.

FILED
Jul 15, 2008
Secretary of State

Current Principal Place of Business:

1111 PONCE DE LEON BLVD.
CORAL GABLES, FL 331343321

New Principal Place of Business:

Current Mailing Address:

1111 PONCE DE LEON BLVD.
CORAL GABLES, FL 331343321

New Mailing Address:

FEI Number: 65-0029133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRILLAS, BOB
1111 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: VPD () Delete
Name: GRILLAS, BOB,
Address: 1111 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: GRILLAS, DIMITRIOS,
Address: 1111 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: GRILLAS, CONSTANTINOS
Address: 1111 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: GRILLAS, BOB
Address: 1111 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD (X) Change () Addition
Name: GRILLAS, DIMITRIOS
Address: 1111 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

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: BOB GRILLAS

VP

07/15/2008

Electronic Signature of Signing Officer or Director

Date