2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

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1. Entity Name

CHAMMAS REALTY CORPORATION



Principal Place of Business

Mailing Address

900 WINDERLEY PLACE

8 TANGLEWOOD LANE SEA CLIFF, NY 11579

SUITE #105 MAITLAND, FL 32751 US

US



01082007

No Chg-P

CR2E034 (11/05)

FEI Number
 59-2743447

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

XL CORPORATE SERVICES, INC. 216 W. COLLEGE AVE. TALLAHASSEE. FL 32301

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDO CHAMMAS, FREDRIKO C/O HOCHBERG 8 TANGLEWOOD L/ SEA CLIFF, NY 11579	4			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDO HOCHBERG, RALPH R 8 TANGLEWOOD LANE SEA CLIFF, NY 11579				U00000584486 01/12/07-80039-004 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP		•		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				s ₁ =	
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12. Thereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF ORECTOR

1/8/A7

212-593-3000