2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000008013

1. Entity Name

INTERNATIONAL CHESS FOUNDATION, INC.



Secretary of State 02-12-2004 90010 001 ****70.00

FILED Feb 12, 2004 8:00 am

Principal Place of Business .

Mailing Address

13755 SW 119 AVE MIAMI, FL 33186 13755 SW 119 AVE MIAMI, FL 33186



AAATAAAA

02032004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-1063878 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMOLE, MYRON M 9700 S DIXIE HWY, STE 1030 MIAMI, FL 33156

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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 obligations of registered agent.						
SIGNATURE_	SIGNATURE					
-	Filing Fee is \$61.25 Due by May 1, 2004	. 9. Election Campaign Financ Trust Fund Contribution.	sing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
NAME STREET ADURESS CITY-ST-ZIP	DP SAMOLE, SHANE 13755 SW 119 AVE MIAMI, FL 33186					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAMOLE, MYRON M 9700 S DIXIE HWY, STE 1030 MIAMI, FL 33156		- - -		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHNEIDER, WERNER O _13701 SW-1.19TH AVE MIAMI, FL 33186		. ·	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIRO, III, FRANK A 13755 SW 119 AVE. MIAMI, FL 33186		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, AL 13755 SW 119 AVE. MIAMI, FL 33186					
TITLE NAME STREET ADDRESS	D GREENBERG, CPA, JEFFREY M					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Cleaner O. Selacide

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIAMI, FL 33186

CITY-ST-ZIP

Let 062004 (305) 477-8080

Daytime Phone #