

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000008013	
1. Entity Name INTERNATIONAL CHESS FOUNDATION, INC.	

Principal Place of Business 13755 SW 119 AVE MIAMI, FL 33186	Mailing Address 13755 SW 119 AVE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1063878	Applied For Not Applicable
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

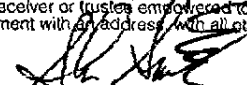
\$5.00 May Be
Added to Fees

03/22/06-80033-024 70.00

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SAMOLE, SHANE
STREET ADDRESS	13755 SW 119 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DV
NAME	SAMOLE, MYRON M
STREET ADDRESS	9700 S DIXIE HWY, STE 1030
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DST
NAME	SCHNEIDER, WERNER O
STREET ADDRESS	13701 SW 119TH AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	NIRO, III, FRANK A
STREET ADDRESS	13755 SW 119 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	LAWRENCE, AL
STREET ADDRESS	13755 SW 119 AVE.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	GREENBERG, CPA, JEFFREY M
STREET ADDRESS	13701 SW 119 AVE.
CITY-ST-ZIP	MIAMI, FL 33186

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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 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:  **SHANE SAMOLE** **3/09/06** **305-477-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #