


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 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
--	--



02212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1063878	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000712482
04/26/07-80047-010 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS 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 119TH AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIRO, III, FRANK A 13755 SW 119 AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, AL 13755 SW 119 AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, CPA, JEFFREY M 13701 SW 119 AVE. MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

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:  **3/19/07 (305) 477-8080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #