

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 001 ***150.00

DOCUMENT # P0000057975
 1. Entity Name
 CHANEL ANDRE, INC.



Principal Place of Business Mailing Address
 244 SOUTHEAST 7TH AVENUE 244 SOUTHEAST 7TH AVENUE
 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

50016800



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 3210 LOWSON BLVD 3210 LOWSON BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 DELRAY BEACH DELRAY BEACH

City & State City & State
 FL FL

Zip Country Zip Country
 33445 USA 33445 USA

4. FEI Number 65-1022283 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ANDRE, LAWRENCE
 244 SE 7TH AVE
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 LAWRENCE L. ANDRE PRESIDENT CHANEL ANDRE INC Lawrence & Andre
 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 2/14/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PTD <input type="checkbox"/> Delete
NAME	ANDRE, ALAWRENCE L
STREET ADDRESS	244 SOUTHEAST 7TH AVENUE
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: Lawrence & Andre LAWRENCE L. ANDRE Pres. 2/14/05 561-637-9340
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #