

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000072707 1. Entity Name CHABLIS INTERNATIONAL, INC.					
Principal Place of Business 5401 COLLINS AVENUE #1208 MIAMI BEACH FL 33140			Mailing Address C/O JACOB PRETTER 1659 43RD ST BROOKLYN NY 11204		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 65-1123738 ☐ Applied For ☐ Not Applied		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WIESEL, JACK 5411 COLLINS AVENUE #1208 MIAMI BEACH FL 33140				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS WIESEL, JACK 5401 COLLINS AVENUE #1208 MIAMI BEACH FL 33140		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Add		
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-1123738**

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

**WIESEL, JACK
5411 COLLINS AVENUE #1208
MIAMI BEACH FL 33140**

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.

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

Alvin 2/24/06