

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90212 042 ***150.00

DOCUMENT # P01000092321					
1. Entity Name CHEPSTOW MEWS, INC.					
Principal Place of Business 614 NE 11TH AVE. FT. LAUDERDALE, FL 33304-4627			Mailing Address 614 NE 11TH AVE. FT. LAUDERDALE, FL 33304-4627		
2. Principal Place of Business 1915 NE 45TH ST Suite, Apt. #, etc. #101		3. Mailing Address 1915 NE 45TH ST Suite, Apt. #, etc. #101			
City & State FT. LAUD. FL		City & State FT. LAUD. FL		4. FEI Number 65-1143054	
Zip 33308		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, GARY 614 NE 11 AVE. FORT LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name: ROBERT DZIURGOT Street Address (P.O. Box Number is Not Acceptable): 1915 NE 45TH ST #101 City: FT. LAUDERDALE FL Zip Code: 33308		
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: ROBERT DZIURGOT <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PSD NAME ALLEN, GARY A STREET ADDRESS 614 NE 11 AVE. CITY-ST-ZIP FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Delete		TITLE PSD NAME DZIURGOT, ROBERT STREET ADDRESS 1915 NE 45TH ST #101 CITY-ST-ZIP FT. LAUD. FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME ALLEN, R.G.H. STREET ADDRESS ST CHRISTOPHER ST PETER CITY-ST-ZIP JERSEY, GREAT BRITIAN,	<input checked="" type="checkbox"/> Delete		TITLE NAME REMOVE STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALLEN, P.S. STREET ADDRESS ST CHRISTOPHERS ST PETER CITY-ST-ZIP JERSEY, GREAT BRITIAN,	<input checked="" type="checkbox"/> Delete		TITLE NAME REMOVE STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALLEN, T.M. STREET ADDRESS ST CHRISTOPHERS ST PETER CITY-ST-ZIP JERSEY, GREAT BRITIAN,	<input checked="" type="checkbox"/> Delete		TITLE NAME REMOVE STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LIEURE, Y.S. STREET ADDRESS MARANHAM ST LAWRENCE CITY-ST-ZIP JERSEY, GREAT BRITIAN,	<input checked="" type="checkbox"/> Delete		TITLE NAME REMOVE STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Delete		TITLE NAME REMOVE STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 full other like empowered.					
SIGNATURE: ROBERT DZIURGOT April 15, 2005 914-229-2420 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					