

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90107 022 ***150.00

DOCUMENT # P02000020300

1. Entity Name
LAW OFFICES OF FLORENCE CHAMBERLIN ESQ., P.A.



Principal Place of Business
25 SE 2ND AVENUE
STE 527
MIAMI BEACH, FL 33131 US

Mailing Address
25 SE 2ND AVENUE
STE 527
MIAMI BEACH, FL 33131 US

50013729



2. Principal Place of Business
7700 N. KENSAL DR.

3. Mailing Address
221 NE 89th St.

Suite, Apt. #, etc.
610

Suite, Apt. #, etc.

04152006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
27-0039688

Applied For
Not Applicable

Zip
33156

Country
USA

Zip
33138

Country
USA

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

6. Name and Address of Current Registered Agent

CHAMBERLIN, FLORENCE
25 SE 2ND AVENUE
STE 527
MIAMI BEACH, FL 33131

7. Name and Address of New Registered Agent

Name **FLORENCE CHAMBERLIN**
Street Address (P.O. Box Number is Not Acceptable)
7700 N. KENSAL DR., # 610
City **MIAMI** **FL** Zip Code **33156**

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

4/17/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **CHAMBERLIN, FLORENCE**
STREET ADDRESS **221 NE 89TH ST**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CHAMBERLIN, MATTHEW**
STREET ADDRESS **221 NE 89TH ST**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/17/06