

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 029 ***150.00

DOCUMENT # P02000058431					
1. Entity Name INTERSTATE CHESS MARKETING, INC.					
Principal Place of Business 25 CARLSON LANE PALM COAST, FL 32137			Mailing Address 107-23 71ST RD., STE. #137 FOREST HILLS, NY 11375		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6923 INDIANA AVE #154			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LUBBOCK, TX		4. FEI Number 82-0566609	
Zip		Country		Zip 79413 Country	
6. Name and Address of Current Registered Agent TRUONG, HOANHAN M 25 CARLSON LANE PALM COAST, FL 32137				7. Name and Address of New Registered Agent Name: TRUONG, MICHEL Street Address (P.O. Box Number is Not Acceptable) 25 CARLSON LANE City: PALM COAST, FL Zip Code: 32137	
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: <i>Michel Truong</i>					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when first filing) DATE					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete POLGAR, ZSUZSANNA 103 10 QUEENS BLVD FOREST HILLS, NY 11375				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO <input type="checkbox"/> Delete TRUONG, HOANHAN M 25 CARLSON LANES PALM COAST, FL 32137				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6923 INDIANA AVE #154 LUBBOCK, TX 79413				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <i>Polgar</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-27-08					
Distance From:					