


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000134477	
1. Entity Name CHEZ MOI DESIGNS INCORPORATED	

Principal Place of Business 3858 NEWHAVEN LAKE DR LAKE WORTH, FL 33467	Mailing Address 3858 NEWHAVEN LAKE DR LAKE WORTH, FL 33467
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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3741343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONSOUR, ROBERT 3858 NEWHAVEN LAKE DR LAKE WORTH, FL 33467
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**DO NOT WRITE
IN THIS SPACE**

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 _____ **DATE** 1/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	DPST
NAME	MONSOUR, BARBARA
STREET ADDRESS	3858 NEWHAVEN LAKE DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DV
NAME	MONSOUR, ROBERT
STREET ADDRESS	3858 NEWHAVEN LAKE DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	WARNER, ROY
STREET ADDRESS	5 DAKOTA DR
CITY-ST-ZIP	LAKE SUCCESS, NC 11042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/07-80063-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Barbara Monsour 1/18/07 (561) 963-7705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #