

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90023 009 \*\*\*150.00

DOCUMENT # P03000032404

1. Entity Name

G. CHAMBERS BISCAYNE, INC.



Principal Place of Business  
C/O DOUGLAS E. EDE  
6333 SUNSET DRIVE  
SOUTH MIAMI FL 33143

Mailing Address  
700 HANNIBAL STREET  
TOMES RIVER NJ 08757

2. Principal Place of Business

3. Mailing Address

775 NE 79th St # J  
Miami, Florida



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33138

Dade

4. FEI Number

04-3754391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDE, DOUGLAS E  
6333 SUNSET DRIVE  
SOUTH MIAMI FL 33143

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CHAMBERS, GODFREY  
STREET ADDRESS 700 HANNIBAL STREET  
CITY-ST-ZIP TOMES RIVER NJ 08757

TITLE D ☐ Delete  
NAME CHAMBERS, HAZEL  
STREET ADDRESS 700 HANNIBAL STREET  
CITY-ST-ZIP TOMES RIVER NJ 08757

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 20 S. Shore Dr #25  
STREET ADDRESS Miami Bch, FL 33141  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 20 S. Shore Dr #25  
STREET ADDRESS Miami Beach, FL 33141  
CITY-ST-ZIP

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

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

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

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

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 all other like empowered.

SIGNATURE:

*Hazel Chambers* 3/8/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-754-4009

Date

Daytime Phone #