


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90003 004 ***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 POB 531194 MIAMI FL 33153		
2. Principal Place of Business - No P.O. Box # 8849 BISCAYNE BLVD Suite, Apt. #, etc.		3. Mailing Address POB 531194 Suite, Apt. #, etc.			
City & State Miami Florida		City & State Miami FL		4. FEI Number 04-3754391	
Zip 33138		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDE, DOUGLAS E 6333 SUNSET DRIVE SOUTH MIAMI FL 33143			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, GODFREY 20 S SHORE DR #25 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, HAZEL 20 S SHORE DR #25 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, HAZEL 20 S SHORE DR #25 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, HAZEL 20 S SHORE DR #25 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, HAZEL 20 S SHORE DR #25 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, HAZEL 20 S SHORE DR #25 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, HAZEL 20 S SHORE DR #25 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Hazel P Chambers</i></u> Secretary <u><i>2/13/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					