
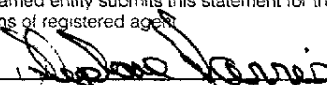
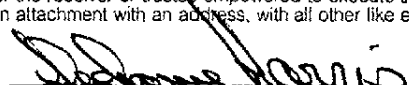


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000140758</b> 1. Entity Name <b>THE CHADWICK CORPORATION INVESTMENT REALTY</b>					
Principal Place of Business <b>1525 LENOX AVE</b> <b>1 MIAMI BEACH FL 33139</b>		Mailing Address <b>1525 LENOX AVE</b> <b>1 MIAMI BEACH FL 33139</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>90-0125561</b>	
6. Name and Address of Current Registered Agent  <b>HARRIS, STEPHANIE</b> <b>1525 LENOX AVE</b> <b>MIAMI BEACH FL 33139</b>				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City	
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 reinstalling)					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P HARRIS, STEPHANIE 1525 LENOX AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, STEPHANIE 1525 LENOX AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, STEPHANIE 1525 LENOX AVE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, STEPHANIE 1525 LENOX AVE MIAMI BEACH FL 33139	<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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



1st MOORE CR2E034 (10/05)

Applied For  
Not Applicable

**\$8.75** Additional  
Fee Required

**FL** Zip Code

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

U00000538748  
05/09/06-80070-025 150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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