## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 06, 2007 8:00 am Secretary of State

DOCUMENT # P03000140758  1. Entity Name THE CHADWICK CORPORATION INVESTMENT REALTY					07-06-2007	90002 021 ***158	3.75
Principal Place	e of Business	Mailing Address	Mailing Address				
1525 LENOX	AVE	1525 LENOX AVE					
1 Miami Beach, FL 33139		1 Miami Beach, Fl. 33139			)   <b>  1</b>   1   1   1   1   1   1   1   1   1		
	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		15 25 Leno X Suite, Apt. #, etc.					
Suite, Apr. W. etc.		Suite, Apr. #, etc.		06192007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numb		<del></del>	plied For
Zip Zip	Country	mB Zip	Country _	90-012		No   \$8.75 Add	t Applicable
3313	NEU PL	33139	720	5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current	Registered Agent	None	7. Name and Address of New Registered Agent			
HARRIS, STEPHANIE				Name			
1525 LENOX AVE			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH, FL 33139							-
	ş <sup>*</sup> - 3:		City			FL Zip Code	•
B. The above named entity submits this statement for the purpose of changing its registered office or register					th, in the State of Fl		and accept
	ions of registered agent.		3	<b>.</b>		,	
SIGNATURĖ	H surveyed	anio		<u>.</u>			
	Signature, typed of vinted name of registered agent a	nd title if applicable. (NOTI	E: Registered Agent signature re	equired when reinstating)		DATE	
FILE NOW!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance corporation did	with s. 607.193(2)(b), inot receive the prior r	F.S., the notice.
10.	-ORLICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11
TITLE	P 🗆 0		TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	HARRIS, STEPHANIE 1525 LENOX AVE		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME	-		NAME				
STREET ADDRESS '			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change	☐ Addition
NAME		☐ Delete	NAME			Change	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	·			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				
TITLE		Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	The state of the s	Abia filian dana ana arrant 7	CITY-ST-ZIP		n Clade Otto	1 Sumban and the state of the	
indicatéd	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, v	true and accurate and that r	ny signature shall have	e the same legal effe	ct as if made under	oath; that I am an officer	or director