

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000010634

1. Entity Name

CHELSEA INTERIORS WORLDWIDE, INC.



**FILED  
Feb 01, 2005 8:00 am  
Secretary of State**

02-01-2005 90039 025 \*\*\*150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business 5405 NW 102ND AVE., STE. 221 SUNRISE FL 33351		Mailing Address 5405 NW 102ND AVE., STE. 221 SUNRISE FL 33351	
2. Principal Place of Business <i>5405 NW 102nd Ave</i>	3. Mailing Address <i>same</i>	Suite, Apt. #, etc. <i>Suite 221</i>	
City & State <i>Sunrise FL</i>	City & State		4. FEI Number <i>56-2448836</i>
Zip <i>33321</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent  BLACKSTONE, CYRIL 5405 NW 102ND AVE., STE. 221 SUNRISE FL 33351		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code <i>125105</i>	

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete BLACKSTONE, CYRIL 5405 NW 102ND AVE., STE. 221 SUNRISE FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/05 954-747-4409*

Daytime Phone #