

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-01-2005 90039 025 ***150.00

DOCUMENT # P04000010634

1. Entity Name

CHELSEA INTERIORS WORLDWIDE, INC.



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

5405 NW 102nd Ave

Suite, Apt. #, etc.

Suite 221

City & State

Sunrise FL

Zip

33321

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

56-2448836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

1/25/05
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 BLACKSTONE, CYRIL
STREET ADDRESS 5405 NW 102ND AVE., STE. 221
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 954-747-4409