


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 AM 8:25

DOCUMENT # P04000128673 1. Entity Name CHELSEA MANAGEMENT CORP.			
Principal Place of Business 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131		Mailing Address 1428 BRICKELL AVENUE SUITE 105 MIAMI, FL 33131	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent M & W REGISTERED AGENTS, INC. 2101 CORPORATE BLVD. SUITE 107 BOCA RATON, FL 33431-7343		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 reconstating) DATE _____			
Amended AR is \$61.25		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: P <input checked="" type="checkbox"/> Delete NAME: HALPRYN, GLENN STREET ADDRESS: 1428 BRICKELL AVENUE #105 CITY-ST-ZIP: MIAMI, FL 331313409	TITLE: P / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Halpryn, Glenn L. STREET ADDRESS: 1428 BRICKELL AVENUE # 105 CITY-ST-ZIP: MIAMI, FL 331313409	TITLE: V <input type="checkbox"/> Delete NAME: SILVER, NOAH M STREET ADDRESS: 1428 BRICKELL AVENUE #105 CITY-ST-ZIP: MIAMI, FL 331313409	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 700080838657 STREET ADDRESS: 10/13/06--01059--005 CITY-ST-ZIP: **61.25
TITLE: T <input type="checkbox"/> Delete NAME: WEISBERG, ALAN J STREET ADDRESS: 1428 BRICKELL AVENUE #105 CITY-ST-ZIP: MIAMI, FL 331313409	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CABRERA, MARLENE STREET ADDRESS: 1428 BRICKELL AVENUE #105 CITY-ST-ZIP: MIAMI, FL 331313409	TITLE: S <input checked="" type="checkbox"/> Delete NAME: HOERNER, JUDITH A STREET ADDRESS: 1428 BRICKELL AVENUE #105 CITY-ST-ZIP: MIAMI, FL 331313409	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: MIAMI, FL 331313409
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Glenn L. Halpryn, President		_____ 10/12/06 305-371-4112 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	