
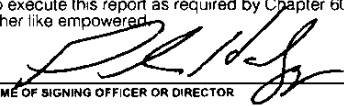


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90005 004 ***150.00

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 - No P.O. Box # 4400 Biscayne Boulevard		3. Mailing Address 4400 Biscayne Boulevard			
Suite, Apt. #, etc. Suite 950		Suite, Apt. #, etc. Suite 950			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-1656247	
Zip 33137-3212		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, GLENN L 1428 BRICKELL AVENUE, #105 MIAMI, FL 331313409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALPRYN, GLENN L 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137-3212	
XXXXX Delete		XXXXX Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVER, NOAH M 1428 BRICKELL AVENUE #105 MIAMI, FL 331313409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVER, NOAH M 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137-3212	
XXXXX Delete		XXXXX Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISBERG, ALAN J 1428 BRICKELL AVENUE #105 MIAMI, FL 331313409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISBERG, ALAN J 2500 N MILITARY TRAIL #206 BOCA RATON FL 33431-6305	
XXXXX Delete		XXXXX Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABRERE, MARLENE 1428 BRICKELL AVENUE, #105 MIAMI, FL 331313409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CABRERA, MARLENE 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 33137-3212	
XXXXX Delete		XXXXX 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	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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  3/28/2007 305-573-4112 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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