


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P05000102784	
1. Entity Name CHASEN CAPITAL ADVISORS, INC.	

Principal Place of Business 60 EDGEWATER DRIVE #7E CORAL GABLES, FL 33133	Mailing Address 60 EDGEWATER DRIVE #7E CORAL GABLES, FL 33133
---	---

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4049064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIMON, JON
60 EDGEWATER DRIVE #7E
CORAL GABLES, FL 33133

DO NOT WRITE
IN THIS SPACE

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) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, JON 60 EDGEWATER DRIVE #7E CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV SIMON, STACY 716 10 ST HERMUSA BEACH, CA 90254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MAHAFFA, GAYLE 2550 PACIFIC COAST HWY TONNANCE, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U000000730784
05/08/07-80091-024 150.00

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:  **DATE:** 4/20/07 **DAYTIME PHONE:** 310 989-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR