2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102784

Entity Name: CHASEN CAPITAL ADVISORS, INC.

FILED Apr 10, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

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

UNIT 7-E

CORAL GABLES, FL 33133

Current Mailing Address: New Mailing Address:

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

UNIT 7-E

CORAL GABLES, FL 33133

FEI Number: 20-4049064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SIMON, JON SIMON, JON

60 EDGEWATER DRIVE #7E 60 EDGEWATER DRIVE

CORAL GABLES, FL 33133 US UNIT 7-E CORAL GABLES, FL 33133 US

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.

SIGNATURE: JON R. SIMON 04/10/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition

SIMON, JON Name: Name: SIMON, JON R

60 EDGEWATER DRIVE #7E 60 EDGEWATER DRIVE #7E Address: Address: City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip: CORAL GABLES, FL 33133

Title: () Delete Title: ΕV (X) Change () Addition

Name: SIMON, STACY Name: SIMON, STACY 716 10 ST 716 10 ST Address: Address:

HERMUSA BEACH, CA 90254 HERMUSA BEACH, CA 90254 City-St-Zip: City-St-Zip:

() Delete Title: Title: SV () Change () Addition

MAHAFFA, GAYLE Name: Name: 2550 PACIFIC COAST HWY Address: Address: City-St-Zip: TONNANCE, CA 90025 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON R. SIMON **PRES** 04/10/2009