

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-09-2006 90076 038 ***150.00

DOCUMENT # P05000126090					
1. Entity Name CHEZ MICHELE, INC.					
Principal Place of Business 9501 DUNHILL DRIVE MIRAMAR, FL 33025			Mailing Address 9501 DUNHILL DRIVE MIRAMAR, FL 33025		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3482827	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ABELLARD, MICHELE 9501 DUNHILL DRIVE MIRAMAR, FL 33025				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's signature required when terminating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ABELLARD, MICHELE		NAME		
STREET ADDRESS	9501 DUNHILL DRIVE		STREET ADDRESS		
CITY, ST, ZIP	MIRAMAR, FL 33025		CITY, ST, ZIP		
TITLE	VS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JOSEPH, HARRY		NAME		
STREET ADDRESS	9501 DUNHILL DRIVE		STREET ADDRESS		
CITY, ST, ZIP	MIRAMAR, FL 33025		CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			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: <i>Michele Abellard</i>		Michele Abellard President 4/29/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11/27 11/27/06			