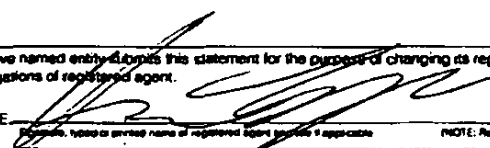
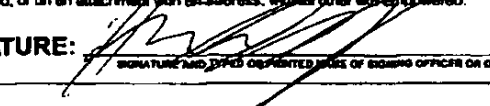


FILED
May 10, 2007 8:00 am
Secretary of State

04-16-2007 90331 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000004516 1. Entity Name CHAKRA 5, INC.			
Principal Place of Business 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133		Mailing Address 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133 US	
2. Principal Place of Business - No P.O. Box # 1501 Collins Ave #401		3. Mailing Address #401	
Suite, Apt. #, etc. #401		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State	
Zip 33139	Country USA	Zip	Country
4. FEI Number 20-4101156		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TURGMAN, HAIM 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133		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:  DATE: April 13, 07 NOTE: Registered Agent signature required when reappointing.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P TURGMAN, HAIM 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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, without other fee empowered.			
SIGNATURE: 		Date: April 13, 07 (305) 672-2001 Daytime Phone #	