


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90033 036 \*\*\*150.00

<b>DOCUMENT # P06000004516</b>											
<b>1. Entity Name</b> CHAKRA 5, INC.											
<b>Principal Place of Business</b> 1501 COLLINS AVE. #401 #401 MIAMI BEACH, FL 33139			<b>Mailing Address</b> 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133 US								
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-4101156							
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b>  TURGMAN, HAIM 3542 ROCKERMAN ROAD COCONUT GROVE, FL 33133				<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
Name											
Street Address (P.O. Box Number is Not Acceptable)											
City	FL Zip Code										
<b>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.</b>											
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:</b>								
TITLE	P TURGMAN, HAIM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	TURGMAN, HAIM		NAME								
STREET ADDRESS	3542 ROCKERMAN ROAD		STREET ADDRESS								
CITY- ST- ZIP	COCONUT GROVE, FL 33133		CITY- ST- ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY- ST- ZIP			CITY- ST- ZIP								
<b>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.</b>											
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-31-08 3052060736 Date Daytime Phone								