2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000097419

Entity Name: CHASE 21 REALTY, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12320 NW 29 STREET SUNRISE, FL 33323 LIS

Current Mailing Address: New Mailing Address:

P. O. BOX 450565 SUNRISE, FL 33345 US

FEI Number: 30-0512552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BOYD, L. EUGENIE BOYD, L. EUGENIE P 12320 NW 29 STREET 12320 NW 29 STREET SUNRISE, FL 33323 SUNRISE, FL 33323

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: L. EUGENIE BOYD 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete Title: (X) Change () Addition BOYD, L. EUGENIE BOYD, L. EUGENIE P Name: Name: 12320 NW 29 STREET 12320 NW 29 STREET Address: Address:

City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: SUNRISE, FL 33323 US VΡ Title: VΡ

Name: RHOOMS, MICHELLE Name: RHOOMS, MICHELLE VP 116 NW 45 AVENUE 116 NW 45 AVENUE Address: Address: PLANTATION, FL 33317 US PLANTATION, FL 33317 US City-St-Zip: City-St-Zip:

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

BOYD, LA YINKA BOYD, LA YINKA T Name: Name: 12320 NW 29 STREET 12320 NW 29 STREET Address: Address: City-St-Zip: SUNRISE, FL 33323 US City-St-Zip: SUNRISE, FL 33323 US

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

BOYD, MICHAELAN T SEC Name: Name: Address: Address: 12320 NW 29 STREET City-St-Zip: City-St-Zip: SUNRISE, FL 33323 US

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.

Ρ SIGNATURE: L. EUGENIE BOYD 04/30/2009