


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT #
Entity Name
P09000089297
Chisell Effects, Inc.



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2. Principal Place of Business - No P.O. Box #
600 W. 51 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
600 W. 51 TERRACE
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FLORIDA

City & State
MIAMI BEACH, FLORIDA

Zip
33139 Country
USA

Zip
33139 Country
USA

4. FEI Number
27-1202596

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
Not Applicable

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7. Name and Address of Current Registered Agent


Name
CHESTINA A. MARQUEZ, P.A.

Street Address (P.O. Box Number is Not Acceptable)
7950 W. FLAGLER ST.

SUITE 106

City
MIAMI, FLORIDA FL Zip Code
33144

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
6/1/11

January 1 - May 1 Fee is \$180.00
After May 1, Fee is \$850.00
Amended AR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

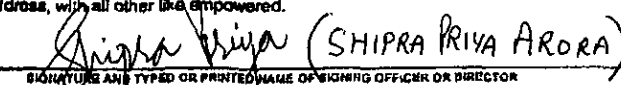
10. OFFICERS AND DIRECTORS

TITLE Prs.	NAME ARORA, SHIPRA P.	STREET ADDRESS 600 W. 51 TERRACE	CITY-ST-ZIP MIAMI BEACH, FLORIDA 33140
TITLE V. Pres.	NAME ARORA, SANJAY	STREET ADDRESS 600 W. 51 TERRACE	CITY-ST-ZIP MIAMI BEACH, FLORIDA 33140
TITLE Secretary	NAME ARORA, SHIPRA P.	STREET ADDRESS 600 W. 51 TERRACE	CITY-ST-ZIP MIAMI BEACH, FLORIDA 33140
TITLE Treas.	NAME ARORA, SANJAY	STREET ADDRESS 600 W. 51 TERRACE	CITY-ST-ZIP MIAMI BEACH, FLORIDA 33140
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

900210239749
07/21/11--01018--001 **550.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  (SHIPRA PRIYA ARORA) 1 June 2011 2482466406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Ozone Phone #

FILED
2011 JUN - 1 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (11/06/09)