


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90003 019 ***550.00

DOCUMENT # P33665	
1. Entity Name CHAMBORD PROPERTIES LTD. INC.	

Principal Place of Business 551 FIFTH AVENUE SUITE 417 NEW YORK, NY 10176	Mailing Address 551 FIFTH AVENUE SUITE 417 NEW YORK, NY 10176
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4016000



02202007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROMERO, LUIS A <input type="checkbox"/> Delete 551 FIFTH AVENUE, SUITE 417 NEW YORK, NY 10176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Romero, Luis Alfredo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 551 Fifth Avenue, Suite 417 New York, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOPEZ, MARTA E <input type="checkbox"/> Delete 551 FIFTH AVENUE, SUITE 417 NEW YORK, NY 10176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Lopez, Marta E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 551 Fifth Avenue, Suite 417 New York, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Richard Montelione <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 551 Fifth Avenue, Suite 417 New York, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sandra Moreno <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 551 Fifth Avenue, Suite 417 New York, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Luis Alfredo Romero, Pres.** 5/29/07 (212) 661-3691

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