


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P33665 1. Entity Name CHAMBORD PROPERTIES LTD. INC.	
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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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DO NOT WRITE IN THIS SPACE



05062008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3225862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000951029 06/04/08-80015-011 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROMERO, LUIS A 551 FIFTH AVENUE, SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOPEZ, MARTA E 551 FIFTH AVENUE, SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTELIONE, RICHARD 551 FIFTH AVENUE, SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, SANDRA 551 FIFTH AVENUE, SUITE 417 NEW YORK, NY 10176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, President	5/8/08	212 661-3691
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>