


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90016 005 \*\*\*150.00

<b>DOCUMENT # P96000054909</b>	
1. Entity Name <b>CHAYIM KESSLER, C.P.A., P.A.</b>	

Principal Place of Business <b>975 41ST STREET 406 MIAMI BEACH, FL 33140 US</b>	Mailing Address <b>975 41ST STREET 406 MIAMI BEACH, FL 33140 US</b>
--	--

**50024246**



2. Principal Place of Business <b>150 NW 168th Street Suite, Apt. #, etc. 217</b>	3. Mailing Address <b>150 NW 168th Street Suite, Apt. #, etc. 217</b>
--	--

05092006 Chg-P CR2E034 (11/05)

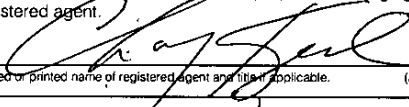
City & State <b>N. Miami Beach, FL</b>	City & State <b>N. Miami Beach, FL</b>
Zip <b>33169</b>	Zip <b>33169</b>
Country	Country

4. FEI Number <b>65-0677343</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

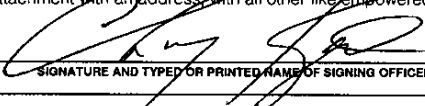
6. Name and Address of Current Registered Agent <b>KESSLER, CHAYIM 975 41ST STREET #406 MIAMI BEACH, FL 33140</b>	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>150 NW 168th St, #217</b> City <b>N. Miami Beach, FL</b> Zip Code <b>33169</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.		
SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE <b>5/9/06</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, CHAYIM 630 NE 175 ST N MIAMI BCH, FL 33162 <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	D KESSLER, MICHELLE 630 NE 175 ST N MIAMI BCH, FL 33162 <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
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
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: 	Date <b>5/9/06</b> Daytime Phone # <b>305-652-8421</b>