


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90019 037 ***150.00

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|---|---|--|---|
| DOCUMENT # P96000077488 | |  | |
| 1. Entity Name CHELSEA ENTERPRISES, INC. | | | |
| Principal Place of Business 7011 N PINE ISLAND TAMARAC FL 33321 US | | Mailing Address 7011 N PINE ISLAND TAMARAC FL 33321 US | |
| 2. Principal Place of Business | | 3. Mailing Address 1055 NW 121 LANE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State CORAL SPRINGS FL | | City & State | |
| Zip 33071 | Country BROWARD | Zip | Country |
| 6. Name and Address of Current Registered Agent ORETSKY, BEVERLY 7011 N PINE ISLAND RD TAMARAC FL 33321 | | 7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 1055 NW 121 LANE City: CORAL SPRINGS FL - FL Zip Code: 33071 | |
| 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 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State | | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS ORETSKY, BEVERLY 1055 NW 121 LANE CORAL SPRINGS FL 33071 <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 | VPT ORETSKY, JILL 1055 NW 121 LN CORAL SPRINGS FL 33071 <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 | T ORETSKY, JILL A 1055 NW 121 LN CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Beverly Oretsky President</i> | | Date: 7/29/04 | Daytime Phone #: 954 766 8000 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |



MOORE CR2E034 (4/04)