


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000086984

1. Entity Name
CHELSEA TRADING CORP.



Principal Place of Business 18851 NE 29 AVE #902 AVENTURA, FL 33180	Mailing Address 18851 NE 29 AVE #902 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0711655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIBAS, LEON
19435 39 AVE
SUNNY ISLES, FL 33160

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIBAS PEREZ, LEON 19435 39 AVE SUNNY ISLES, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIBAS, MARCO 2600 ISLAND BLVD APT 2305 AVENTURA, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/08-80034-022 150.00

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: *[Signature]* **x JAN 14/08** **x 386-924-3781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #