

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000035672 1. Entity Name CHISHOLM PROPERTIES SOUTH BEACH, INC.					
Principal Place of Business 1717 COLLINS AVE MIAMI BEACH FL 33139 US				Mailing Address 1717 COLLINS AVE MIAMI BEACH FL 33139 US	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number 72-1360545	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BALZEBRE, ROBERT P 1717 COLLINS AVENUE MIAMI FL 33139	
7. Name and Address of New Registered Agent 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 certifying) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALZEBRE, ROBERT P 1717 COLLINS AVENUE MIAMI BEACH FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOLLADAY, BOB 1109 HUDSON LANE MONROE LA 71211	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALZEBRE, ROBERT P 2211 SW 27 WAY MIAMI FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ ROBERT P. BALZEBRE 3-19-06 305 779 380					