2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# P97000061620

Entity Name: 934-5151, INC.

Current Principal Place of Business:

BANK ATLANTIC-C/O MR. ISAAC A.
CHINKIES 1101 BRICKELL AVE.
MIAMI, FL 33131

New Principal Place of Business:

5151 COLLINS AVE
#934
MIAMI BEACH, FL 33140 US

Current Mailing Address:

BANK ATLANTIC-C/O MR. ISAAC A.
CHINKIES 1101 BRICKELL AVE.
MIAMI, FL 33131

New Mailing Address:

5151 COLLINS AVE
#934
MIAMI BEACH, FL 33140

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHINKIES, ALBERTO
5333 COLLINS AVENUE #8-B
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

CHINKIES, MARIA LAURA
5151 COLLINS AVE
#934
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: MARIA LAURA CHINKIES 02/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: LANGIER DE CHINKIES, MARTA JUDITH
Address: 5333 COLLINS AVENUE #8-B
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: CHINKIES, MARIA LAURA
Address: 5333 COLLINS AVENUE #8-B
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: CHINKIES, YANINA G
Address: 5333 COLLINS AVENUE #8-B
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: CHINKIS, DANIELA
Address: 5333 COLLINS AVE 8-B
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS ( ) Delete
Name: CHINKIES, MARIA
Address: 5333 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LAURA CHINKIES D 02/04/2005
Electronic Signature of Signing Officer or Director Date