

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90104 041 \*\*\*150.00

<b>DOCUMENT # P97000088471</b> 1. Entity Name <b>G. CHAMBERS, INC.</b>			
Principal Place of Business <b>20 S SHORE DR MIAMI BEACH FL 33141 US</b>		Mailing Address <b>700 HANNIBAL ST TOMS RIVER NJ 08757 US</b>	
2. Principal Place of Business <i>20 S Shore Dr # 25 Miami Bch Florida</i> Suite, Apt. #, etc. City & State		3. Mailing Address <i>775 NE 79th St # J Miami, FL</i> Suite, Apt. #, etc. City & State	
Zip <i>33141</i> Country <i>USA</i>		Zip <i>33138</i> Country <i>USA</i>	
6. Name and Address of Current Registered Agent  <b>STRAUS, ARNOLD M JR.ESQ. 10081 PINES BLVD. SUITE C PEMBROKE PINES FL 33024</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE PD NAME CHAMBERS, GODFREY STREET ADDRESS 700 HANNIBAL STREET CITY-ST-ZIP TOMS RIVER NY 08757	<input type="checkbox"/> Delete	TITLE <i>20 S. Shore Dr # 25</i> NAME <i>Miami Bch, FL 33141</i> STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME CHAMBERS, HAZEL STREET ADDRESS 700 HANNIBAL STREET CITY-ST-ZIP TOMS RIVER NY 08757	<input type="checkbox"/> Delete	TITLE <i>20 S. Shore Dr # 25</i> NAME <i>Miami Bch, FL 33141</i> STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 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>Hazel Chambers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>3/8/05</i> <small>Date</small>	<i>305-866-0749</i> <small>Daytime Phone #</small>

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