


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90124 032 ***150.00

DOCUMENT # P97000088471 1. Entity Name G. CHAMBERS, INC.			
Principal Place of Business 20 S SHORE DR #25 MIAMI BEACH FL 33141 US		Mailing Address 775 NE 79TH ST #J MIAMI FL 33198 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 531194 Suite, Apt. #, etc.	
City & State Zip		City & State Miami, FL Zip 33153 Country Dade	
4. FEI Number 65-0788018		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRAUS, ARNOLD M JR.ESQ. 10081 PINES BLVD. SUITE C PEMBROKE PINES FL 33024		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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
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 Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	NAME
NAME	CHAMBERS, GODFREY	NAME	NAME
STREET ADDRESS	20 S. SHORE DR. #25	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	STD	TITLE	NAME
NAME	CHAMBERS, HAZEL	NAME	NAME
STREET ADDRESS	20 S. SHORE DR. #25	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	NAME
NAME		NAME	NAME
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	NAME
NAME		NAME	NAME
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	NAME
NAME		NAME	NAME
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Stage 4 Chambers</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>