

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000087276

1. Entity Name
CHISHOLM SERVICES, INC.



**FILED
Apr 14, 2006 8:00 am
Secretary of State**

04-14-2006 90147 029 ***150.00

40049046



03172006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0874086	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLD, STUART M
8180 N.W. 36TH STREET
SUITE 100
MIAMI, FL 33166

Name *Gold, STUART M.*
Street Address (P.O. Box Number is Not Acceptable)
6625 MIAMI LAKES DRIVE
SUITE 217
City *MIAMI LAKES* FL Zip Code *33104*

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CHISHOLM, FAY
STREET ADDRESS 18400 S.W. 280 STREET
CITY-ST-ZIP MIAMI, FL 33031

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Fay Chisholm FAY CHISHOLM 3/27/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #