

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000010301

**Entity Name:** CHAMBERS FRIENDLY SERVICES, INC.**Current Principal Place of Business:**9625 N.W. 1ST CT  
APT. 11-105  
PEMBROKE PINES, FL 33024**Current Mailing Address:**9625 N.W. 1ST CT.  
APT. 11-105  
PEMBROKE PINES, FL 33024 US**FEI Number:** 26-4203209**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHAMBERS, BRIAN E  
9625 N.W. 1ST CT.  
APT. 11-105  
PEMBROKE PINES, FL 33024 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	CHAMBERS, BRIAN
Address	9625 N.W. 1ST CT. APT. 11-105
City-State-Zip:	PEMBROKE PINES FL 33024

Title	P
Name	CHAMBERS, BRIAN E
Address	9625 N.W. 1ST CT. APT. 11-105
City-State-Zip:	PEMBROKE PINES FL 33024

Title	P
Name	CHAMBERS, BRIAN E
Address	9625 N.W. 1ST CT. APT. 11-105
City-State-Zip:	PEMBROKE PINES FL 33024

Title	P
Name	CHAMBERS B, BRIAN E
Address	9625 N.W. 1ST CT. APT. 11-105
City-State-Zip:	PEMBROKE PINES FL 33024

Title	P
Name	CHAMBERS B, BRIAN E
Address	9625 N.W. 1ST CT. APT. 11-105
City-State-Zip:	PEMBROKE PINES FL 33024

Title	P
Name	CHAMBERS B, BRIAN E
Address	9625 N.W. 1ST CT. APT. 11-105
City-State-Zip:	PEMBROKE PINES FL 33024

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN CHAMBERS**C.E.O/MANAGING  
OFFICER****02/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date