

2016 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:** No**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****04/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date