
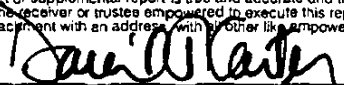


FILED  
Jul 19, 2005 8:00 am  
Secretary of State

6/2

06-28-2005 90001 020 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # F97000002865</b>   |   |    |   |
| 1. Entity Name<br><b>CHARLOTTE RUSSE, INC.</b>   |   |   |   |
| Principal Place of Business<br><b>4645 MORENA BLVD<br/>SAN DIEGO, CA 92117</b>   |   | Mailing Address<br><b>4645 MORENA BLVD<br/>SAN DIEGO, CA 92117</b>  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 4. FEI Number<br><b>95-2960505</b>   |   | Applied For<br><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<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____<br><small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small> DATE _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |   |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |   |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>ZEICHNER, BERNARD<br/>4645 MORENA BLVD<br/>SAN DIEGO, CA 92117</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DC<br/>KARP, ALAN<br/>4645 MORENA BLVD<br/>SAN DIEGO, CA 92117</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DC<br/>ODDI, DAVID<br/>4645 MORENA BLVD<br/>SAN DIEGO, CA 92117</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TCFO<br/>CARTER, DANIEL T<br/>4645 MORENA BLVD<br/>SAN DIEGO, CA 92117</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>HOFFMAN, MARK A<br/>4645 MORENA BLVD<br/>SAN DIEGO, CA 92117</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 another like empowered. |   |   |   |
| SIGNATURE:    |   | 6/24/05 858-490-2430  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #  |   |
| <b>DANIEL T. CARTER, CFO</b>   |   |   |   |

# ATTACHMENT

CHARLOTTE RUSSE INC. 4645 MORENA BLVD., SAN DIEGO, CALIFORNIA 92116

66624809

## FAX/MEMO

Date:

7-13-05

Number of pages including cover sheet:

3

To:

Florida Dept of State

Phone:

(850) 245-6056 x4

Fax phone:

Re F9700000 2865

From:

RAMONA JAVIER

Phone:

(858) 490-2647

Fax phone:

(858) 875-0330

95-296 0505

REMARKS:

☒

Urgent

☐

For your review

☐

Reply ASAP

☐

Please comment

As per my telephone conversation with your Tax Agent - I'm writing you to request a waiver for the \$400.00 late fee for non filing.

We did not file our annual report as we did not receive the form.

Thank you  
Ramona Javier

Senior Staff Accountant  
Charlotte Russe Inc.