


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90016 006 ****70.00

DOCUMENT # N00000004237

1. Entity Name
THE CHARLEE FOUNDATION, INC.



Principal Place of Business
**5915 PONCE DE LEON BLVD.
 SUITE 26
 CORAL GABLES, FL 33146**


Mailing Address
**5915 PONCE DE LEON BLVD.
 SUITE 26
 CORAL GABLES, FL 33146**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03042004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1032304

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~ALLEGRA, FRANCES P~~
**5915 PONCE DE LEON BLVD.
 SUITE 26
 CORAL GABLES, FL 33146**

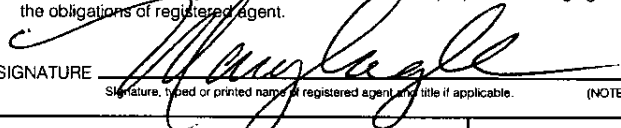
7. Name and Address of New Registered Agent

Name **CAGLE, MARY T.**

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  DATE **3/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLECKE, BERTA	
STREET ADDRESS	8750 PONCE DE LEON ROAD	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPRI, DORIS	
STREET ADDRESS	15545 MIAMI LAKEWAY APT. 206	
CITY-ST-ZIP	MIAMI, FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLSON, DEAN	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. SUITE 4700	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	KITCHENS, CLAUDIA	
STREET ADDRESS	5191 S.W. 76TH STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEIN, HANK	
STREET ADDRESS	2 ALHAMBRA PLAZA PENTHOUSE 2	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDOZA, CHRISTINA	
STREET ADDRESS	1010 COTORRO AVENUE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:  DATE **3/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #