

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032591

Entity Name: CHARSAN, INC.

FILED  
Jan 31, 2005  
Secretary of State

## Current Principal Place of Business:

151 SAWGRASS CORNERS DRIVE  
JACKSONVILLE, FL 32082

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 287395  
PEMBROKE PINES, FL 33029

## New Mailing Address:

PO BOX 297395  
PEMBROKE PINES, FL 33029

FEI Number: 01-0654058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVI, RAIMUNDO  
224 CATALONIA AVE  
MIAMI, FL 33146 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLOYD, CHARLOTTE  
Address: 3250 N. 29TH AVE  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: SHELDON, HARVEY  
Address: 3250 N 29TH AVE  
City-St-Zip: HOLLYWOD, FL 33020

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN L SHELDON

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

Date