


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000125635**  
 1. Entity Name  
**CHARLESTON CENTER SPE, INC.**



Principal Place of Business      Mailing Address  
**3702 NE 171 STREET, UNIT #9**      **3702 NE 171 STREET, UNIT #9**  
**NORTH MIAMI BEACH, FL 33160**      **NORTH MIAMI BEACH, FL 33160**

**DO NOT WRITE IN THIS SPACE**



01112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**54-2090035**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PEREZ, RAFAEL A**  
**201 ALHAMBRA CIRCLE, SUITE 201**  
**CORAL GABLES, FL 33134**

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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: 1/11/05  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTECALVO, MARIO J
STREET ADDRESS	3702 NE 171 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D
NAME	RAMOS, JORGE H
STREET ADDRESS	2250 SW THIRD AVENUE, FIFTH FLOOR
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/02/05-80074-003 150.00

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 all other like empowered.

SIGNATURE:       DATE: 1/11/05      Daytime Phone #: 786-201-3965  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR