

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000084660

Entity Name: CHARLIES HOBBIES, INC

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7530 W. WATERS AVE  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

7530 W. WATERS AVE  
TAMPA, FL 33615 US

**New Mailing Address:**

FEI Number: 20-5083971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TESTA, PHILIP J SR  
4726-B N. LOIS AVE.  
TAMPA, FL 33614 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LOPEZ, CLAUDIO  
Address: 10157 CEDAR DUNE DR  
City-St-Zip: TAMPA, FL 33624 US

Title: D  
Name: LOPEZ, MERCEDES  
Address: 10157 CEDAR DUNE DR  
City-St-Zip: TAMPA, FL 33624 US

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: CLAUDIO LOPEZ

D

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date