

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097369

Entity Name: UNION CHARTER, INC.

FILED  
Mar 08, 2006  
Secretary of State

**Current Principal Place of Business:**

801 BRICKELL AVENUE  
#900  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 331371  
MIAMI, FL 33233

**New Mailing Address:**

FEI Number: 65-0959107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARVESU, MANUEL M  
201 ALHAMBRA CIRCLE, SUITE 502  
CORAL GABLES, FL 33134 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,P ( ) Delete  
Name: SCHWEDEL, DAVID A  
Address: PO BOX 331371  
City-St-Zip: MIAMI, FL 33233

Title: DVP ( ) Delete  
Name: SCHWEDEL, MARIA I  
Address: PO BOX 331371  
City-St-Zip: MIAMI, FL 33233

**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 Chapter 119, 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: XIOMARA A. SOSA

MS

03/08/2006

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

\_\_\_\_\_ Date