

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90002 018 \*\*\*150.00

**DOCUMENT # P02000132712**

1. Entity Name  
**CHARNIES INC.**



Principal Place of Business  
**3101 PORT ROYALE BLVD  
#1114  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**3101 PORT ROYALE BLVD  
#1114  
FORT LAUDERDALE, FL 33308**

**54070333**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DU TOIT, MARTHA M  
3101 PORT ROYALE BLVD.  
#1114  
FORT LAUDERDALE, FL 33308**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **DU TOIT, MARTHA M**  
STREET ADDRESS **3101 PORT ROYALE BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mo Phone #

**08/20/2004**

Attachment  
54070333

**Charnies, Inc.**  
**3101 Port Royale Blvd., #1114**  
**Fort Lauderdale, FL 33308**

August 23, 2004

Division of Corporations  
2670 Executive Center Circle, Suite 100  
Tallahassee, FL 32301

Gentlemen:

**Re: Document #P02000132712**  
**Charnies, Inc.**

I would like to keep the above-referenced corporation active, although there was relatively no business activity this past year. However, I do expect that to change this year.

Since this is my first experience with an entity in this state, I was unaware of the Annual Report filing's deadline. For this reason, I request that you kindly accept my check for \$150.00 and from now on I will make sure that filing is done on a timely basis.

Very truly yours,



Martha M. Du Toit  
President

Enc.