2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 19, 2005 8:00 am Secretary of State **DOCUMENT # 646741** 07-19-2005 90037 015 ***158.75 CHARTER INVESTMENT FUNDING, INC. Principal Place of Business Mailing Address 50056036 20801 BISCAYNE BLVD., #400 P.O BOX 802604 **AVENTURA FL 33180** MIAMI FL 33280 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE 4. FE! Number City & State City & State Applied For 59-1841479 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCHETTA, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 20301 COUNTRY CLUB DRIVE, #1028 **AVENTURA FL 33180** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE TITLE Defete Change ☐ Addition MARCHETTA, ARTHUR E NAME NAME 20301 COUZTIEF CL. DR. #1028 STREET ADDRESS STREET ADDRESS CHY-SF-ZIP MIAMI FL 33180 4 COUNTRY CLUB CITY-ST-ZP Delete TITLE UNE ☐ Change ☐ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Defete Change Addition THLE TATLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITS F ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UBF Delete HDF Chance Mddition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 eath; 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. 0 N SIGNATURE:

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ATTACHMENT 500560360 # 64674)

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