



**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

6/2

06-28-2005 90001 020 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # F97000002865					
1. Entity Name CHARLOTTE RUSSE, INC.					
Principal Place of Business 4645 MORENA BLVD SAN DIEGO, CA 92117		Mailing Address 4645 MORENA BLVD SAN DIEGO, CA 92117			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-2960505	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent			
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZEICHNER, BERNARD		NAME		
STREET ADDRESS	4645 MORENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARP, ALAN		NAME		
STREET ADDRESS	4645 MORENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ODDI, DAVID		NAME		
STREET ADDRESS	4645 MORENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE	TCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, DANIEL T		NAME		
STREET ADDRESS	4645 MORENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, MARK A		NAME		
STREET ADDRESS	4645 MORENA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: 		6/24/05 858-490-2830			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			
DANIEL T. CARTER, CFO					

66024809



06232005 Chg-P CR2E034 (10/03)

4. FEI Number 95-2960505 Applied For Not Applicable

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-electing)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZEICHNER, BERNARD		NAME		
STREET ADDRESS	4645 MORENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KARP, ALAN		NAME		
STREET ADDRESS	4645 MORENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ODDI, DAVID		NAME		
STREET ADDRESS	4645 MORENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE	TCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, DANIEL T		NAME		
STREET ADDRESS	4645 MORENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFFMAN, MARK A		NAME		
STREET ADDRESS	4645 MORENA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92117		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE:  6/24/05 858-490-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DANIEL T. CARTER, CFO

ATTACHMENT

CHARLOTTE RUSSE INC. 4645 MORENA BLVD., SAN DIEGO, CALIFORNIA 92116

66624809

FAX/MEMO

Date: 7-13-05

Number of pages including cover sheet: 3

To: Florida Dept of State

Phone: (850) 245-6056 x4  
Fax phone: Re F9700000 2865

From: RAMONA JAVIER

Phone: (858) 490-2647  
Fax phone: (858) 875-0330

95-296 0505

REMARKS:  Urgent  For your review  Reply ASAP  Please comment

As per my telephone conversation with your Tax Agent - I'm writing you to request a waiver for the \$400.00 late fee for non filing.

We did not file our annual report as we did not receive the form.

Thank you  
Ramona Javier

Senior Staff Accountant  
Charlotte Russe Inc.