


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000002865  
 1. Entity Name  
 CHARLOTTE RUSSE, INC.



Principal Place of Business      Mailing Address  
 4645 MORENA BLVD                      4645 MORENA BLVD  
 SAN DIEGO, CA 92117                      SAN DIEGO, CA 92117

**DO NOT WRITE IN THIS SPACE**



01232008      No Chg-P      CR2E034 (11/05)

4. FEI Number 95-2960505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZEICHNER, BERNARD.
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	S
NAME	BOLINGER, JENNIFER
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	TCFO
NAME	JOHNSON, PATTI
STREET ADDRESS	4645 MORENA BLVD
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	P
NAME	HOFFMAN, MARK A
STREET ADDRESS	4645 MORENA BLVD.
CITY-ST-ZIP	SAN DIEGO, CA 92117
TITLE	<b>DIRECTOR</b>
NAME	<b>HOFFMAN, MARK</b>
STREET ADDRESS	<b>4645 MORENA BLVD.</b>
CITY-ST-ZIP	<b>SAN DIEGO, CA 92117.</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 02/15/08-80055-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Patti Johnson      **PATTI JOHNSON-TREASURER/CFO**      1/25/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #