

FILED
May 07, 2004 8:00 am
Secretary of State

DOCUMENT # G85642

1. Entity Name

CHARITOUS CORPORATION

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

2. Principal Place of Business 10470 N.W. 131 STREET	3. Mailing Address 10470 N.W. 131 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH GARDENS, FL.	City & State HIALEAH GARDENS, FL.
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4. FEI Number 59-2398045	Applied For
	Not Applicable

Zip 33018	Country MIAMI-DADE	Zip 33018	Country MIAMI-DADE
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name MARTINEZ, ANTONIO FRANCISCO

Street Address (P.O. Box Number is Not Acceptable)

10470 N.W. 131 STREET

City	HIALEAH GARDENS	FL	Zip Code	33018
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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 _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MARTINEZ, ANTONIO F. 10470 N.W. 131 STREET HIALEAH GARDENS, FL. 33018	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 reports 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 on an attachment with an address, with all other like empowered.

Antonio E. Martinez
305-819-6241

SIGNATURE: [Signature] **President** **03-19-04**

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

CR2E034B (12/02)