

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 013 ***150.00

DOCUMENT # H49873

1. Entity Name
HOMES BY CHARLES OF S. FLA., INC.



Principal Place of Business **2160 NE 185TH STREET**
18143 N.E. 19TH AVENUE
N. MIAMI BEACH, FL 33162
33179

Mailing Address **2160 NE 185 STREET**
18143 N.E. 19TH AVENUE
N. MIAMI BEACH, FL 33162
33179



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2608254

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOBZIN, SIDNEY M.
17230 N.E. 19TH AVE.
N. MIAMI BEACH, FL 33162

GENE S. ROSEN
SUITE 305
1550 N.E. MIAMI
GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

**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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
CHARLES, LUCY
2160 NE 185TH STREET
N MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PT
CHARLES, LUCY
2160 N.E. 185TH STREET
NORTH MIAMI BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

Date

305-949-2113

Daytime Phone #