

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # J80573

1. Entity Name
CHARI, INC.



Principal Place of Business
**3250 MARY ST.
400
COCONUT GROVE, FL 33133 US**

Mailing Address
**3250 MARY STREET
SUITE 400
COCONUT GROVE, FL 33133**



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2841779

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DITTMAR, DAVID P.
3250 MARY ST.
STE. 400
COCONUT GROVE, FL 33133**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DITTMAR, DAVID P.**
STREET ADDRESS **3250 MARY STREET #400**
CITY-ST-ZIP **COCONUT GROVE, FL**

TITLE **ST**
NAME **HAUSER, HELEN ANN**
STREET ADDRESS **3250 MARY SHEET # 400**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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CITY-ST-ZIP

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U00000536214
05/08/06-80084-013 150.00

**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 either line empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06

Date

305-442-4382

Daytime Phone #