

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M35367

1. Entity Name

CHEAP CHARLIE'S WRESTLING SUPPLIES, INC.



Principal Place of Business

C/O CHARLES S. ZIES
5355 S.W. 99TH AVENUE
MIAMI FL 33165

Mailing Address

C/O CHARLES S. ZIES
5355 S.W. 99TH AVENUE
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2693857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIES, CHARLES S.
5355 S.W. 99TH AVENUE
MIAMI FL 33165

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

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P ZIES, CHARLES S.
STREET ADDRESS 5355 S.W. 99TH AVE.
CITY- ST- ZIP MIAMI FL

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000292332
04/07/05-80067-001 150.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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:

Charles S. Zies

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 305 226-8421
Date Daytime Phone #