



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M58227 1. Entity Name CHARLISA, INC.	
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Principal Place of Business 4510 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019	Mailing Address 4510 NORTH OCEAN DRIVE HOLLYWOOD, FL 33019
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DO NOT WRITE IN THIS SPACE

FILED
04 OCT -1 PM 2:54
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



09292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0087653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MUNOZ, JOHN
4510 NORTH OCEAN DRIVE
HOLLYWOOD, FL 33019

**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.

400041571584
10/04/04--01043--006 **150.00

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<i>DID NOT RECEIVE THE ANNUAL REPORT BY MAIL AM ENCLOSED \$150.00</i>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MUNOZ, JOHN 4510 N. OCEAN DR. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNOZ, BARBARA 4510 N. OCEAN DR. HOLLYWOOD, FL
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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 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: *John Munoz* **John Munoz** **9-29-04 (954) 588-5005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #