

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90065 001 \*\*\*450.00

**DOCUMENT # M62379**

1. Entity Name  
**CHARM INTERNATIONAL, INC.**



Principal Place of Business  
**3500 NW 77TH CT.  
MIAMI, FL 33122 US**

Mailing Address  
**3500 NW 77TH CT.  
MIAMI, FL 33122 US**

**66433669**



2. Principal Place of Business  
**7570 N.W. 14<sup>TH</sup> STREET**  
Suite, Apt. #, etc.  
**# 111**

3. Mailing Address  
**7570 N.W. 14<sup>TH</sup> STREET**  
Suite, Apt. #, etc.  
**# 111**

08302004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-0013962**

Applied For  
Not Applicable

Zip  
**33126** Country  
**USA**

Zip  
**33126** Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUTIERREZ, JESUS  
4241 S.W. 149TH COURT  
MIAMI, FL 33185**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete  
NAME **FITZGERALD, WALTER**  
STREET ADDRESS **4241 S.W. 149 CT**  
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **T** ☐ Delete  
NAME **FITZGERALD, WALTER**  
STREET ADDRESS **4241 S.W. 149TH COURT**  
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **P** ☐ Delete  
NAME **GUTIERREZ, JESUS**  
STREET ADDRESS **4241 SW 149TH CT**  
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **S** ☐ Delete  
NAME **GUTIERREZ, ILEANA**  
STREET ADDRESS **4241 S.W. 144 CT.**  
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **WALTER FITZGERALD**  
CITY-ST-ZIP **3900 S.W. 185 AVE. MIAMI, FLORIDA 33029**

TITLE **VP** ☒ Change ☐ Addition  
NAME **JESUS GUTIERREZ**  
STREET ADDRESS **4241 S.W. 149th COURT**  
CITY-ST-ZIP **MIAMI, FLORIDA 33185**

TITLE **S** ☐ Change ☐ Addition  
NAME **ILIANA GUTIERREZ**  
STREET ADDRESS **4231 S.W. 153 PLACE**  
CITY-ST-ZIP **MIAMI, FLORIDA 33185**

TITLE **T** ☐ Change ☒ Addition  
NAME **AUDREY MIRANDA**  
STREET ADDRESS **7600 S.W. 127th DRIVE**  
CITY-ST-ZIP **MIAMI, FLORIDA 33183**

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

TITLE ☐ 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)(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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JESUS GUTIERREZ**

Date

Daytime Phone #

**9/3/04**