

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90102 048 ***150.00



CHECK HERE IF MAKING CHANGES

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0013962**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GUTIERREZ, JESUS
4241 S.W. 149TH COURT
MIAMI FL 33185**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	V	<input type="checkbox"/> Delete
NAME	FITZGERALD, WALTER	
STREET ADDRESS	4241 S.W. 149 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	T	<input type="checkbox"/> Delete
NAME	FITZGERALD, WALTER	
STREET ADDRESS	4241 S.W. 149TH COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JESUS	
STREET ADDRESS	4241 SW 149TH CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ILEANA	
STREET ADDRESS	4241 S.W. 144 CT.	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/03 3055912500
Date Daytime Phone #

CR2E034 (10/02)