

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 24, 2009**  
**Secretary of State**

DOCUMENT# N07000009915

**Entity Name:** CHARITIES UNLIMITED, INC**Current Principal Place of Business:**35 PONCE DE LEON BLVD.  
MIAMI, FL 33135**New Principal Place of Business:****Current Mailing Address:**35 PONCE DE LEON BLVD.  
MIAMI, FL 33135**New Mailing Address:**14064 SW 104 CT  
MIAMI, FL 33176**FEI Number:** 65-1045560**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HIDALGO, GISELA  
14064 S.W. 104 COURT  
MIAMI, FL 33176 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** DCEO ( ) Delete  
**Name:** HIDALGO, GISELA  
**Address:** 14064 S.W. 104 COURT  
**City-St-Zip:** MIAMI, FL 33176**Title:** P ( ) Delete  
**Name:** HIDALGO, GISELA  
**Address:** 14064 S.W. 104 COURT  
**City-St-Zip:** MIAMI, FL 33176**Title:** DS ( ) Delete  
**Name:** MESA, MARIA  
**Address:** 10340 SW 139 ST  
**City-St-Zip:** MIAMI, FL 33176**Title:** DT ( ) Delete  
**Name:** MESA, JORGE  
**Address:** 10340 SW 139 ST  
**City-St-Zip:** MIAMI, FL 33176**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** DOLGICER, MARIEL  
**Address:** 14064 SW 104 CT  
**City-St-Zip:** MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GISELA HIDALGO

DCEO

08/24/2009

Electronic Signature of Signing Officer or Director

Date