

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 28, 2011
Secretary of State**

DOCUMENT# N07000009915

Entity Name: CHARITIES UNLIMITED, INC**Current Principal Place of Business:**14064 SW 104 CT
MIAMI, FL 33176**New Principal Place of Business:****Current Mailing Address:**14064 SW 104 CT
MIAMI, FL 33176**New Mailing Address:****FEI Number:** 65-1045560**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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: DP
Name: HIDALGO, GISELA
Address: 14064 S.W. 104 COURT
City-St-Zip: MIAMI, FL 33176

Title: D
Name: DOLGICER, SASHA
Address: 14064 S.W. 104 COURT
City-St-Zip: MIAMI, FL 33176

Title: DS
Name: MESA, MARIA
Address: 10340 SW 139 ST
City-St-Zip: MIAMI, FL 33176

Title: VP
Name: DOLGICER, MARIEL
Address: 1644 NW 8TH TER.
City-St-Zip: MIAMI, FL 33125

Title: D
Name: SICARD, MILTON
Address: 3936 S. SEMORAN BLVD # 438
City-St-Zip: ORLANDO, FL 32822

Title: D
Name: RODRIGUEZ, BARBARA
Address: 344 CALLE LA MANTA
City-St-Zip: QUITO, ECUADOR, EC EC

I hereby 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 all other like empowered.

SIGNATURE: GISELA HIDALGO

DP

07/28/2011

Electronic Signature of Signing Officer or Director

Date