

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001726

FILED
Jan 16, 2009
Secretary of State

Entity Name: CHARITIES GONE WILD, INC

Current Principal Place of Business:

832 S GREENWAY DRIVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

832 S GREENWAY DRIVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, LEA
832 S GREENWAY DRIVE
CORAL GABLES, FL 33134 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: P () Delete
Name: BLACK, LEA
Address: 832 S GREENWAY DRIVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BLACK, LEA
Address: 832 S GREENWAY DRIVE
City-St-Zip: CORAL GABLES, FL 33134

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: LEA BLACK

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date