FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 28, 2002 8:00 am Secretary of State

	MENT # P0000006	5113			03-28-20	02 90004 0	45 ***158.75
1. Entity Nam		TNC					
CHARGED INVESTMENTS INC							
<u> </u>					,	427	755
į	DO NOT WRITE	IN THIS S	PAC	E			
2 Principal P	Horse of Puriness	3 Mailing Addrage					
2. Principal Place of Business 4675 ANGLERS AVENUE 4675 ANGLERS				AVENUE			
Suite, Apt, #, etc. Suite, Apt, #. etc.					DO NOT WRITE IN THIS SPACE		
FÖRT LAUDERDALE FL FÖRT LAUDE			RDA	LE FL	4. FEL Number 65 – 1033263		Applied For Not Applicable
Zip 33312	Country USA	Zip 33312	Coun	**	5. Certificate of Status Desired		8.75 Additional se Required
> .	شده <u>اینا</u> د استفیدواده اداده یا اینادواد		مستة مست		7. Name and Address of Currer	nt Registered A	gent
DO NOT WRITE Street					RELLEK, STEVEN		
IN THIS SPACE				Street Address (s (P.O. Box Number is Not Acceptable) SOUTH FEDERAL HIGHWAY		
				SUIT	TE 200		
				C0.,	RATON FL B 3 4 3 2		
8. The above	named entity submits this statement for	the purpose of changing its	registere	·			70.192
	Ť	. ,	•	•	•		ĺ
SIGNATURE .	Signature, typed or printed name of registered agent at	nd utte if applicable. (NOTI	E: Registere	d Agent signature required	(when reinstating)	DATE	
9 This corpo	pration is eligible to satisfy its Intangible	January 1 - N	lay 1 Fe	ee is \$150.00			
Tax filing o	requirement and elects to do so.	After May Amende Make Check Payab	d UBR i	s \$61.25	10. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees
11,	OFFICERS AND D		T T	spartment or ota:			
TITLE	GREGORY C DEJOHN3						
NAME STREET ADDRESS	4675 ANGLERS AVENUE			E ET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33312			-ST-ZIP			
I jî LE	D DETOUN		TITLE	1			
NAME STREET ADDRESS	GUY V DEJOHN			E ET-ADDRESS			
CITY-ST-ZIP	4675 ANGLERS AVENUE FORT LAUDERDALE FL 33312			-ST-ZIP			
TITLE	V		TITE				
NAME	MIKE YEARY		NAM	1		, ,	
STREET ADDRESS	1220 MM_SQ. WAFMOF			ET ADDRESS	DO NOT WRITE		
TITUE	POMPANO BEACH FL 33069						
name				E	IN THIS SPACE		
STREET ADDRESS				EFADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE NAME			TITLE	4			}
STREET ADDRESS			H	ET ADDRESS			
CITY-ST-ZIP			ÇITY	-SY-ŻIP		· · · · · · · · · · · · · · · · · · ·	
TITLE			TITLE	ŀ			
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS			
CITY-S1-ZIP			Ē	ST-ZIP			
13. hereby d	certify that the information supplied with to on this report or supplemental report is I	this filing does not qualify for	the exe	mption stated in Se	ction 119.07(3)(i), Florida Statutes	. I further certify	that the information
indicated	on this report or supplemental report is t	true and accurate and that n	ny signat	ure shall have the s	same legal effect as if made under 17. Closida Statutas, and that mus	r cath; that I am	an officer of director

of the corporation or the receiver or trustee empowered to attachment with an address in all other like empowered.

SIGNATURE:

GREGORY C DEJOHN, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 Date