2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058389

Entity Name: CHARASH CONSTRUCTION, INC.

FILED Jun 28, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
19719 WYNDHAM LAKE DR ODESSA, FL 33556				19719 WYNDHAM LAKES DR ODESSA, FL 33556		
Current Mailing Address:				New Mailing Address:		
19719 WYNDHAM LAKE DR ODESSA, FL 33556				19719 WYNDHAM LAKES DR ODESSA, FL 33556		
FEI Number:	59-3732105	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certifica	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ROADARMEL, DOUG 19719 WYNDHAM LAKE DR ODESSA, FL 33556 US				ROADARMEL, DOUG 19719 WYNDHAM LAKES DR ODESSA, FL 33556 US		
The above in the State		submits this statement for the pur	rpose o	f changing its registere	ed office or r	egistered agent, or both,
SIGNATURE: DOUG ROADARMEL					0	6/28/2007
	Electron	ic Signature of Registered Agen	t			Date
Election Cam		3(2)(b), F.S., the corporation did not r J Trust Fund Contribution (). TORS:	eceive t	•	ES TO OFF	CICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	ROADARMEL, [AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	ROADARMEL, I	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	S () MARTINEZ, RO 3912 N. HIGHLA TAMPA, FL 336	AND AVE.		Title: Name: Address: City-St-Zip:	()Change	() Addition
Title: Name: Address: City-St-Zip:	ROADARMEL, E	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	ROADARMEL, E	AM LAKES DRIVE		Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	AT () MARTINEZ, RO 3912 N.HIGHLA TAMPA, FL 336	ND AVE.		Title: Name: Address: City-St-Zip:	() Change	() Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.