

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90040 037 ***150.00

DOCUMENT # P01000093852 1. Entity Name FAJAS CHAROL'S, CORP.					
Principal Place of Business 7230 NW 179 ST 208 MIAMI, FL 33015			Mailing Address 7230 NW 179 ST 208 MIAMI, FL 33015		
2. Principal Place of Business 6447 MIAMI LAKES DRWC EAST Suite, Apt. #, etc. 210 A.		3. Mailing Address DRWC EAST Suite, Apt. #, etc.			
City & State MIAMI LAKES		City & State		4. FEI Number 65-1140705	
Zip 33014		Country FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUERO, JACQUELINE G 7180 NW 179 ST., #108 MIAMI LAKES, FL 33015				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 450 NW 135 TERRACE #203 City PENNSHORE PINES FL Zip Code 33028	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Jacqueline G. Aguer</i></u> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUERO, JACQUELINE 7230 NW 179ST, #208 MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	450 NW 135 TERRACE #203 PENNSHORE PINES, FL 33028	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSPINA ANA, LEDESMA 7230 NW 179 ST, #208 MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jacqueline G. Aguer</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					