

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114287

Entity Name: CHARISPROS FLORIDA, INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

ONE S.E. THIRD AVENUE
SUITE 2250
MIAMI, FL 33131

New Principal Place of Business:

9485 SW 72 ST
SUITE A-240
MIAMI, FL 33173

Current Mailing Address:

ONE S.E. THIRD AVENUE
SUITE 2250
MIAMI, FL 33131

New Mailing Address:

9485 SW 72 STREET
SUITE A-240
MIAMI, FL 33173

FEI Number: 01-0594931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMKE REGISTERED AGENTS LLC
2250 SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

DIAZ, FLORENTINO P CEO
9485 SW 72 STREET
SUITE A-240
MIAMI, FL 33173 US

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: FLORENTINO P. DIAZ

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAZ, FLORENTINO
Address: 936 ALGARINGO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: JAUREGUIZAR, JUAN
Address: 936 ALGARINGO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SASTRE, ARISTIDES
Address: 936 ALGARINGO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIAZ, FLORENTINO
Address: 4675 SW 13 TERRACE
City-St-Zip: MIAMI, FL 33134

Title: D (X) Change () Addition
Name: JAUREGUIZAR, JUAN C
Address: 9360 SW 80 AVENUE
City-St-Zip: MIAMI, FL 33156

Title: D (X) Change () Addition
Name: SASTRE, ARISTIDES J
Address: 936 ALGARINGO AVENUE
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARISTIDES J. SASTRE

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date