## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000003741

Address:

City-St-Zip:

Entity Name: CHARLES TOBACCO CORPORATION

FILED Jul 06, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16300 NE 19TH AVENUE SUITE 246 NORTH MIAMI BEACH, FL 33162 **New Mailing Address: Current Mailing Address:** 5220 S UNIVERSITY DR SUITE C-102 DAVIE, FL 33328 FEI Number: 60-0001979 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVA'S ENTERPRISE, INC. 5220 S UNIVERSITY DR SUITE C-102 DAVIE, FL 33328 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDS () Delete Title: () Change () Addition Name: CORTES, LEONARDO Name: 16300 NE 19TH AVENUE STE 246 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33162 City-St-Zip: Title: () Delete Title: VPD ( ) Change (X) Addition HERSKOWICH, KAREN Name: Name:

Address:

Citv-St-Zip:

16300 NE 19TH AVENUE STE 246 NORTH MIAMI BEACH, FL 33162

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: LEONARDO CORTES PDS 07/06/2007