2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000131624 1. Entity Name LA CHARO, INC. Principal Place of Business Mailing Address 102 N. BROAD WAY 102 N. BROAD WAY FELLSMERE, FL 34948 FELLSMERE, FL 34948 DO NOT WRITE IN THIS SPACE

FILED May 01, 2008 08:00 AN Secretary of State



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DO NOT WRITE IN THIS SPACE				04142008 No Chg-P CR2E034 (11/05)		
`L	O NOI WRITE I	N THIS SPACE	4. FEI Number Applied For 81-0589393 Not Applicable			
			\$9.75 Additional			
			5. Certificate	of Status Desired	Fee Required	
6. Name and Address of Current Registered Agent LUNA, LINO 102 N. BROAD WAY FELLSMERE, FL 34948			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and little.			th, in the State of Flo	rida. I am familiar with, and accept	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			\$5.00 May Be Added to Fees U00000939520 05/28/08-80031-006 150.00			
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUNA, LINO 102 N. BROAD WAY FELLSMERE, FL 34948		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS				•	,	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Lino Luna. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR