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Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90002 018 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000132712

1. Entity Name
CHARNIES INC.

54070333

Principal Place of Business	Mailing Address
3101 PORT ROYALE BLVD #1114 FORT LAUDERDALE, FL 33308	3101 PORT ROYALE BLVD #1114 FORT LAUDERDALE, FL 33308

07272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DU TOIT, MARTHA M 3101 PORT ROYALE BLVD. #1114 FORT LAUDERDALE, FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	P DU TOIT, MARTHA M 3101 PORT ROYALE BLVD FORT LAUDERDALE, FL 33308 ☐ 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
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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: ______________________________ 08 | 20 | 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
540703 33

Charnies, Inc.
3101 Port Royale Blvd., #1114
Fort Lauderdale, FL 33308

August 23, 2004

Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

Gentlemen:

Re: Document #P02000132712
Charnies, Inc.

I would like to keep the above-referenced corporation active, although there was relatively no business activity this past year. However, I do expect that to change this year.

Since this is my first experience with an entity in this state, I was unaware of the Annual Report filing's deadline. For this reason, I request that you kindly accept my check for $150.00 and from now on I will make sure that filing is done on a timely basis.

Very truly yours,

Martha M. Du Toit
President

Enc.