2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State
05-03-2005 90170 038 ***150.00

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04272005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000132712

1. Entity Name
CHARNIES INC.

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

2. Principal Place of Business		3. Mailing Address	
4775 N.E. 11 Ave.		4775 N.E. 11 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Lauderdale, FL		City & State: Ft. Lauderdale, FL	
Zip: 33334	Country: U.S.A.	Zip: 33334	Country: U.S.A.

4. FEI Number ~~APPLIED FOR~~ 72-1600503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~DU TOIT, MARTHA M~~
3101 ~~PORT ROYALE~~ BLVD.
#1114
~~FORT LAUDERDALE, FL 33308~~

7. Name and Address of New Registered Agent

Name: Martha M. Janse Van Rensburg
Street Address (P.O. Box Number is Not Acceptable): 4775 N.E. 11 Avenue
City: Ft. Lauderdale FL Zip Code 33334

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: Martha M. Janse Van Rensburg, President 04/27/05
Signature, typed or printed name of registered agent and title if applicable. (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	P	☐ Delete	TITLE	Martha M. Janse	☐ Change ☐ Addition
NAME	~~DU TOIT, MARTHA M~~		NAME	Van Rensburg	
STREET ADDRESS	3101 ~~PORT ROYALE~~ BLVD		STREET ADDRESS	4775 N.E. 11 Ave.	
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33308~~		CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Martha M. Janse Van Rensburg 04/27/05 954-648-2668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #