


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90122 008 \*\*\*150.00

**DOCUMENT # P04000036314**

1. Entity Name  
**CHARLIE'S GOURMET, INC.**



Principal Place of Business      Mailing Address

**10800 NORTH MILITARY TRAIL**      **6390 W. INDIANTOWN ROAD**  
**SUITE 115/116**      **SUITE 30**  
**PALM BEACH GARDENS, FL 33410 US**      **JUPITER, FL 33458 US**

2. Principal Place of Business      3. Mailing Address

**10800 N MILITARY TRAIL**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**SUITE 115/116**

City & State      City & State

**PALM BEACH GARDENS FL**

Zip      Country      Zip      Country

**33410**      **33410**



04012005    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For

**81-0644590**      Not Applicable

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

6. Name and Address of Current Registered Agent

**JUPITER LAW CENTER, LLC**  
**6390 W. INDIANTOWN ROAD**  
**SUITE 30**  
**JUPITER, FL 33458**

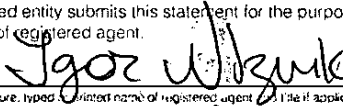
7. Name and Address of New Registered Agent

Name      **IGOR NIZNIK**

Street Address (P.O. Box Number is Not Acceptable)      **130 N RIVER DRIVE WEST**

City      **JUPITER**      State      **FL**      Zip Code      **33458**

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:       **IGOR NIZNIK**      **4/4/05**

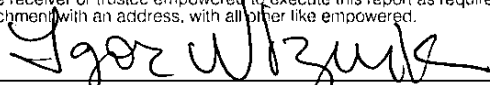
Signature, typed or printed name of registered agent. File if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	D P S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIZNIK, IGOR	NAME	IGOR NIZNIK
STREET ADDRESS	424 GROVE STREET	STREET ADDRESS	130 N RIVER DRIVE WEST
CITY-ST-ZIP	CLIFTON, NJ 07013	CITY-ST-ZIP	JUPITER FL 33458
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIZNIK, LILYA	NAME	LILYA NIZNIK
STREET ADDRESS	424 GROVE STREET	STREET ADDRESS	130 N RIVER DRIVE WEST
CITY-ST-ZIP	CLIFTON, NJ 07013	CITY-ST-ZIP	JUPITER FL 33458
TITLE	SEC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIZNIK, IGOR	NAME	
STREET ADDRESS	424 GROVE STREET	STREET ADDRESS	
CITY-ST-ZIP	CLIFTON, NJ 07013	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:       **IGOR NIZNIK**      **4/4/05**      **561-622-9988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #