

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000036314

1. Entity Name
CHARLIE'S GOURMET, INC.



Principal Place of Business

10800 NORTH MILITARY TRAIL
SUITE 115/116
PALM BEACH GARDENS, FL 33410 US

Mailing Address

10800 NORTH MILITARY TRAIL
SUITE 115/116
PALM BEACH GARDENS, FL 33410 US

FILED
Apr 23, 2007 08:00 AM
Secretary of State



03172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0644590

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NIZNIK, IGOR
130 N RIVER DRIVE WEST
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	NIZNIK, IGOR
STREET ADDRESS	130 N RIVER DRIVE WEST
CITY-STATE-ZIP	JUPITER, FL 33458
TITLE	V
NAME	NIZNIK, LILYA
STREET ADDRESS	130 N RIVER DRIVE WEST
CITY-STATE-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000721177
05/01/07-80135-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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

IGOR NIZNIK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2007

561-622-9988

Date

Daytime Phone #