## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000036314

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



**FILED** Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

10800 NORTH MILITARY TRAIL SUITE 115/116 PALM BEACH GARDENS, FL 33410 . Mailing Address

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



## DO NOT WRITE IN THIS SPACE

03212008	No Chg-P	CR2E034 (11/05)

4. FEI Number Applied For 81-0644590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

130 N RIVER DRIVE WEST JUPITER, FL 33458			IN THIS SPACE		
8. The above the obligate SIGNATURE.	named entity submits this statement for the ptions of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
	Signature typed or printed name of registered agent and title i	f applicable (NOTE, Registere	d Agent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		, , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS NIZNIK, IGOR 130 N RIVER DRIVE WEST JUPITER, FL 33458				H00000004700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIZNIK, LILYA 130 N RIVER DRIVE WEST JUPITER, FL 33458				04/17/08-80058-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			
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 logal 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 of the anaddress, with all other the empowered.

IGOR NIZNIK IGOR NIZNIK

SIGNATURE: \_\_

3/29/2008

561-622-9988

Daylima Phone #