


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
5 Jun 24, 2005 8:00 am
Secretary of State

05-02-2005 90989 004 ***150.00

DOCUMENT # P04000094454
 1. Entity Name
 CHARO'S IMPORT & EXPORT SIGNS, INC.



Principal Place of Business: 8673 SW 154TH CIRCLE PLACE, MIAMI, FL 33193
 Mailing Address: 8673 SW 154TH CIRCLE PLACE, MIAMI, FL 33193

66023761



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country

3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-1099744
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 SEREI, ROSARIO
 8673 SW 154TH CIRCLE PLACE
 MIAMI, FL 33193

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when re-registering) 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

TITLE	DPST	<input type="checkbox"/> Delete
NAME	SEREI, ROSARIO	
STREET ADDRESS	8673 SW 154TH CIRCLE PL	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: 

Date: 01-20-05 Daytime Phone #: 305-8046606