2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 29, 2007 08:00 AM Secretary of State DOCUMENT # P04000130383 **CHARLEX CORPORATION** Principal Place of Business Mailing Address 5220 NW 72 AVE 5220 NW 72 AVE SUITE 5 SUITE 5 MIAMI, FL 33166 MIAMI, FL 33166 03272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3134062 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. LEFLOCH, JEAN M DO NOT VILLE 5220 NW 72 AVE SUITE 5 IN THIS SPACE MIAMI, FL 33166 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. (NOFE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LEFLOCH, JEAN M STREET ADDRESS 5220 NW 72 AVE SUITE 5 CITY-ST-ZIP MIAMI, FL 33166 TITLE U000000681917 NAME 04/04/07-80064-018 150.00 STREET ADDRESS CITY-ST-7P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F

I hereby certify that the information supplied with this filing opes 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 by 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:

NAME STREET ADDRESS

> SIGNATURE AND TYPED OR P ME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #