

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90096 009 \*\*\*150.00

<b>DOCUMENT # P04000147453</b> 1. Entity Name <b>CHARRUA'S DESIGNS, INC</b>			
Principal Place of Business <b>3311 NW 103RD STREET MIAMI, FL 33147</b>		Mailing Address <b>3311 NW 103RD STREET MIAMI, FL 33147</b>	
2. Principal Place of Business <b>3818 SW 79 AV</b> Suite, Apt. #, etc. <b>apt 88</b>		3. Mailing Address <b>3818 SW 79 AV</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33155</b>		Zip <b>33155</b>	
Country		Country	
4. FEI Number <b>56-2512222</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FERRETJANS, MIGUEL A 3311 NW 103RD STREET MIAMI, FL 33147</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b> NAME <b>FERRETJANS, MIGUEL A</b> STREET ADDRESS <b>3311 NW 103RD STREET</b> CITY- ST- ZIP <b>MIAMI, FL 33147</b>	<input checked="" type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME <b>LOPEZ, PABLO F</b> STREET ADDRESS <b>3311 NW 103RD STREET</b> CITY- ST- ZIP <b>MIAMI, FL 33147</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		<b>05-15-2005 2052263442</b> <small>Date Daytime Phone #</small>	

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