

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90158 031 ***150.00

DOCUMENT # P05000033120	
1. Entity Name CHARLES ALLEN DESIGNS OF FLORIDA INC.	

Principal Place of Business 127 NE 40TH ST MIAMI, FL 33137 US	Mailing Address 127 NE 40TH ST MIAMI, FL 33137 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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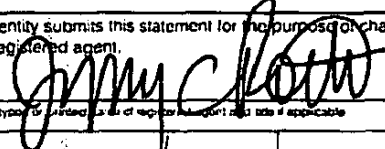
40059094



04092007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2518641	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

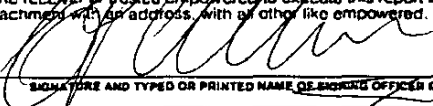
6. Name and Address of Current Registered Agent ROMANELLO, NICHOLAS W ESQ 2891 CENTERPOINTE DRIVE SUITE 305 FT. MYERS, FL 33916	7. Name and Address of New Registered Agent Name Jeffrey C. Roth Street Address (P.O. Box Number is Not Acceptable) Roth & Scholl 866 South Dixie Highway City Coral Gables FL Zip Code 33146
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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  DATE 4/9/07
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEN, CHARLES 400 ALTON RD SUITE 2607 MIAMI BEACH, FL 331396750 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Allen, Charles 866 South Dixie Highway, c/o Roth & Scholl Coral Gables, FL 33146 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: 	4-10-07 305-438-9259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Devote Phone #