

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000112419

1. Entity Name
CHARANIA INTERNATIONAL INC.



FILED
07 AUG 10 PM 4:48
STATE
FLORIDA

Principal Place of Business
~~2000 N. MERIDIAN RD., STE. 193~~
~~TALLAHASSEE, FL 32303~~

Mailing Address
1500 APALACHEE PKWY.
GOV. SQUARE MALL - GOLD CENTER
TALLAHASSEE, FL 32301



2. Principal Place of Business - No P.O. Box #
2415 N. MONROE ST

3. Mailing Address
Suite, Apt. #, etc.

08102007 Chg-P CR2E034 (12/06)

City & State
TALLAHASSEE

City & State

4. FEI Number
20-4385901

Applied For
Not Applicable

Zip
FL 32303

Country
USA

Zip
Country

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

6. Name and Address of Current Registered Agent

WADHNANNIA, IRSHAD
~~2000 N. MERIDIAN RD., STE. 193~~
~~TALLAHASSEE, FL 32303~~



7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
GOV SQ MALL
1500 APALACHEE PKWY
City
TALLAHASSEE FL Zip Code
32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
D CHARANIA, SALIM ☐ Delete
STREET ADDRESS
2000 N. MERIDIAN RD., STE. 252
CITY-ST-ZIP
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400108026494
08/14/07--01010--017 **\$600.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/10/07 301-285-1261