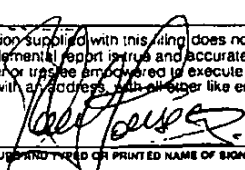


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

01-19-2007 90025 033 ***150.00

DOCUMENT # P05000156336			
1. Entity Name CHARRUA BAKER CORP.			
Principal Place of Business 11780 SW 18TH ST., APT. 325 MIAMI, FL 33175		Mailing Address 11780 SW 18TH ST., APT. 325 MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 1498 NW 15 ST.		3. Mailing Address 1498 NW 15 ST.	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33125	Country USA	Zip 33125	Country USA
4. FEI Number 34-2058535		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONSECA, RAFAEL 11780 SW 18TH ST., APT. 325 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1498 NW 15 STREET APT 104 City MIAMI FL 33125	
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 remaining) DATE _____			
FILE NOW!!! - FEE IS \$160.00- After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD FONSECA, RAFAEL 11780 SW 18TH ST., APT. 325 MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1498 NW 15 TR. MIAMI FL. 33125
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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, title, or other like empowered.			
SIGNATURE: 		1-15-07 3052980260.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	