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	Mailing Address
11~~780 SW 18TH ST., AP~~T. 325 ~~MIAMI, FL 33175~~	11~~780 SW 18TH ST., APT~~ 325 ~~MIAMI, FL 331~~75

01152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number	
1498 NW 15 ST.	1498 NW 15 ST.	34-2058535	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104		
City & State MIAMI FL.	City & State MIAMI FL.		
Zip 33125 Country USA	Zip 33125 Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONSECA, RAFAEL
11~~780 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 Zip Code 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 reinstating) DATE

~~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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD FONSECA, RAFAEL 11~~780 SW 18TH ST., APT.~~ 325 ~~MIAMI, FL 33175~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1498 NW 15 TR. MIAMI FL. 33125	☒ Change ☐ Addition
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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] 1-15-07 3052880260.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #