

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053403

FILED
Jun 26, 2009
Secretary of State

Entity Name: CHARUVIL OIL OF FORT PIERCE INC.

Current Principal Place of Business:

2501 ORANGE DR
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

19159 S. HIBISCUS STREET
WESTON, FL 33332

New Mailing Address:

FEI Number: 26-2700773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEW, SOLOMON
19159 S. HIBISCUS STREET
WESTON, FL FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PHILIP, SHIRLY
Address: 3843 E. HIBISCUS STREET
City-St-Zip: WESTON, FL 33332

Title: TRE () Delete
Name: MATHEW, SOLOMON
Address: 19159 S. HIBISCUS STREET
City-St-Zip: WESTON, FL 33332

Title: SEC () Delete
Name: MATHEW, ANNIE
Address: 19159 S. HIBISCUS STREET
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOLOMONMATHEW

AGNT

06/26/2009

Electronic Signature of Signing Officer or Director

Date