

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000066204

Entity Name: CHARLIES AGENTS INC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3014 C MASON STREET  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3014 C MASON STREET  
TAMPA, FL 33629

**New Mailing Address:**

P.O.BOX 18172  
TAMPA, FL 33679

FEI Number: 27-0678722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIDAL-CURTIS, CHARI  
3014C MASON STREET  
TAMPA, FL 33629 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VIDAL-CURTIS, CHARI  
Address: 3014 C MASON STREET  
City-St-Zip: TAMPA, FL 33629

Title: VP  
Name: VIDAL, NIKKI  
Address: 3014 C MASON STREET  
City-St-Zip: TAMPA, FL 33629

I hereby 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 all other like empowered.

SIGNATURE: CHARI VIDAL-CURTIS

P

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date