# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2012**
**Secretary of State**

DOCUMENT# P11000093598

**Entity Name:** CHARPENTIER SERVICES INC.

**Current Principal Place of Business:**

626 NE 195 ST
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4065
HALLANDALE, FL 33008 US

**New Mailing Address:**

**FEI Number: 45-3680231** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

GONZALEZ, DELFINA D
626 NE 195 ST
MIAMI, FL 33179 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: GONZALEZ, DELFINA
Address: 626 NE 195 ST
City-St-Zip: MIAMI, FL 33179 US

Title: VP
Name: CHARPENTIER, EMILIO
Address: 626 NE 195 ST
City-St-Zip: MIAMI, FL 33179 US

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: DELFINA GONZALEZ P 01/14/2012

Electronic Signature of Signing Officer or Director Date