

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000027468

Entity Name: C & T CHARTERS, INC.

FILED
Nov 20, 2008
Secretary of State

Current Principal Place of Business:

932 B PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

932 B PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

Current Mailing Address:

932 B PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

932 B PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

FEI Number: 65-0424998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS, JOHN H
932 B PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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: PTE () Delete
Name: CABANAS, JOHN H
Address: 114 B PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABANAS, JOHN H P, CEO, D
Address: 932 B PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S/T () Change (X) Addition
Name: CABANAS, JUANITA C S/T
Address: 932 B PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: EVPC () Change (X) Addition
Name: REPOSA, RICHARD A EVPCFO
Address: 932 B PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134 US

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: JOHN H CABANAS

PCEO

11/20/2008

Electronic Signature of Signing Officer or Director

Date