


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000065532**  
 1. Entity Name  
**CHARO'S CORNER, INC.**



Principal Place of Business      Mailing Address  
**2141 SE LENNARD RD**      **2141 SE LENNARD RD**  
**PORT ST. LUCIE, FL 34952 US**      **PORT ST. LUCIE, FL 34952 US**



01252008    No Chg-F    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0530954**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NAVARETTA, STEPHEN**  
**1100 SW ST LUCIE WEST BL.**  
**PORT SAINT LUCIE, FL 34986**

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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 *Janeth Andrade*      DATE 1-26-06  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRADE, MARIA 1703 SE SIR LANCELOT DR. PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDRADE, TEDDORO A 1703 SE SIR LANCELOT DR PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRADE, TEODORO H 2025 SE KILMALLIE COURT PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRADE, JANETH 2025 SE KILMALLIE COURT PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/03/06-80051-001 150.00

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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: *Janeth Andrade*      DATE 1-26-06      DAYTIME PHONE # 772-335-3293  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #