2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P94000065532

Entity Name: CHARO'S CORNER, INC.

Current Principal Place of Business:

2141 SE LENNARD RD
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

2141 SE LENNARD RD
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0530954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVARETTA, STEPHEN
1100 SW ST LUCIE WEST BL.
PORT SAINT LUCIE, FL 34986 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ANDRADE, MARIA
Address: 1703 SE SIR LANCELOT DR.
City-St-Zip: PORT ST LUCIE, FL 34952

Title: V ( ) Delete
Name: ANDRADE, TEDDORO A
Address: 1703 SE SIR LANCELOT DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: S ( ) Delete
Name: ANDRADE, TEODORO H
Address: 2025 SE KILMALLIE COURT
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T ( ) Delete
Name: ANDRADE, JANETH
Address: 2025 SE KILMALLIE COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

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:

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: JANETH ANDRADE T 04/22/2009

Electronic Signature of Signing Officer or Director Date