


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P94000068590	
1. Entity Name THE CHARLOTTESVILLE CORPORATION	

Principal Place of Business 4811 N.W. 79TH AVE. SUITE 5 MIAMI, FL 33166	Mailing Address 4811 N.W. 79TH AVE. SUITE 5 MIAMI, FL 33166
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0520016	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**SERRANO, CESAR E
4811 NW 79 AVE., STE 5
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERRANO, CESAR E. 4915 GRANADA BLVD CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, JOHN W JR 2423 ALHAMBRA CIRCLE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MITZI 4915 GRANADA BLVD CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH J. HOOVER 2700 ALHAMBRA CIRCLE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/20/07 80045-001 150.00

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:  **1/11/07** **305-592-6559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #