2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015201

Entity Name: CHARLIE'S RUSTIC BAY INN, INC.

FILED Jan 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1020 NE 45 CT

OAKLAND PARK, FL 33309

Current Mailing Address: New Mailing Address:

4475 N.W. 18TH TERRACE 4475 N.W. 16TH AVE

OAKLAND PARK, FL 33309 OAKLAND PARK, FL 33309

FEI Number: 65-0813469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CERNIGLIA, CATHERINE
4475 N.W. 18TH TERRACE
4475 N.W. 16TH AVE

OAKLAND PARK, FL 33309 US OAKLAND PARK, FL 33309 US

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: CATHERINE CERNIGLIA 01/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: CERNIGLIA, CATHERINE Name: CERNIGLIA, CATHERINE Address: 4475 N.W. 18TH TERRACE Address: 4475 N.W. 16TH AVE

 Address:
 4475 N.W. 18TH TERRACE
 Address:
 4475 N.W. 16TH AVE

 City-St-Zip:
 FT. LAUDERDALE, FL 33309
 City-St-Zip:
 FT. LAUDERDALE, FL 33309

Title: DTS () Delete Title: DTS (X) Change () Addition

 Name:
 CERNIGLIA, MARK
 Name:
 CERNIGLIA, MARK

 Address:
 4475 N.W. 18TH TERRACE
 4475 N.W. 16TH AVE

 City-St-Zip:
 FT. LAUDERDALE, FL 33309
 City-St-Zip:
 FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHRINE CERNIGLIA DP 01/27/2004