


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 010 ***150.00

DOCUMENT # P99000063825			
1. Entity Name CHARAL CORPORATION			
Principal Place of Business 9180 NW 100 STREET MIAMI, FL 33178		Mailing Address 9180 NW 100 STREET MIAMI, FL 33178	
2. Principal Place of Business - No P.O. Box # 8405 N.W. 53 ST.		3. Mailing Address 8405 N.W. 53 ST.	
Suite, Apt. #, etc. C-102		Suite, Apt. #, etc. C-102	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33166	Country	Zip 33166	Country
6. Name and Address of Current Registered Agent CARRERA & AMADOR, P.A. 780 N.W. 42 AVENUE SUITE 423 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, the registered agent.			
SIGNATURE _____		DATE _____	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUGO R., LUIS ALFREDO 9180 NW 100 STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8405 N.W. 53 ST. DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOLINA, SOFIA 9180 NW 100 STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8405 N.W. 53 ST. DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUGO, MARILIANA 9180 NW 100 STREET MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8405 N.W. 53 ST. DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUGO M., LUIS ALFREDO 8405 NW 53RD ST., #C-103 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C-102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Reynold C. Rodriguez</i>		Authorized Rep. May 16 08 305-470-8924	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	