2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Landa 7 Canda SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

ANNUAL REPORT (AR)				FILED
DOCUMENT # S52460 1. Entity Name CHARLIE & TY, INC.				Feb 17, 2004 08:00 AM Secretary of State
Principal Place of Business		Mailing Address		
2237 NE 20 ST FORT LAUDERDALE FL 33305 US		2237 NE 20 ST FORT LAUDERDALE FI US	L 33305	
2. Principal Place of Business		3. Mailing Address		
Suite. Apt. #, etc		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 65-0264943 Applied For Not Applicable
Z _{ip}	Country	Zıp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
55				
BEARDSLEY, CHARLES F. 2237 NE 20 ST FORT LAUDERDALE FL 33305			Street Address	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	e named entity submits this statement fortions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
	•			
SIGNATURE	Signature, typed or printed name of registered agent	sand title if applicable (NOTE	Registered Agent signature requir	red when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	DP BEARDSLEY, CHARLES F. 2237 NE 20 ST	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	FT LAUDERDALE FL 33305	- <u></u>	CITY-ST-ZIP	
TITLE NAME STREET ADORESS	DVP SIRISOMBOONCHAROEN, A. 2237 NE 20 ST	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	FT LAUDERDALE FL 33305		CITY-ST-ZIP	02/17/04-80031-007 150.00_
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated of the co	d on this report or supplemental report i	is true and accurate and that movement is	ny signature shali have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

2/13/04

Daytime Phone #