

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90021 018 \*\*\*150.00

**DOCUMENT # V66314**

1. Entity Name

CHAR-MIN CORPORATION



Principal Place of Business

113 COCONUT KEY CT  
PALM BEACH GARDENS FL 33418  
US

Mailing Address

113 COCONUT KEY CT  
PALM BEACH GARDENS FL 33418  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0376896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDON, JOANNE  
10 YACHT CLUB PLACE  
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

GORDON, JOANNE

Street Address (P.O. Box Number is Not Acceptable)

113 Coconut Key Court

City

Palm Beach Gardens

FL

Zip Code

33418

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

Joanne Gordon JOANNE GORDON

1/18/07

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GORDON, JOANNE  
STREET ADDRESS 113 COCONUT KEY CT  
CITY ST ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

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STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joanne Gordon JOANNE GORDON

(Signature and typed or printed name of signing officer or director)

1/18/07 (561) 627-4856

Date

Telephone Phone #