

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F98000001794**  
 1. Entity Name  
**KARINOA ENTERPRISES, INC.**



FILED

2004 MAY 28 PM 2: 23

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 2533 N. CARSON ST., SUITE 3235  
 CARSON CITY, NV 89796 US

Mailing Address  
 2533 N. CARSON ST., SUITE 3235  
 CARSON CITY, NV 89796 US



05202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>86-0883343</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
**HERRERA, ANABEL**  
**9485 SUNSET DRIVE**  
**A-115**  
**MIAMI, FL 33173**

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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: Anabel Herrera Anabel Herrera DATE: 5/20/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CST<br>COLLAZO, CARLOS M<br>1670 S. AMPHLETT BLVD., #300<br>SAN MATEO, CA 94402 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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*WEM*

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Carlos M. Collazo Carlos M. Collazo DATE: 5/20/04 650 655-2678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR