


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**




01242007    No Chg-P    CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  
**HERRERA, ANABEL**  
**9725 SW 62 ST**  
**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   
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST - COLLAZO, CARLOS M 1670 S. AMPHLETT BLVD., #300 SAN MATEO, CA 94402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/12/07-80004-021 150.00

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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:  **CARLOS M COLLAZO** 1/29/07 505-655-2678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #