

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 042 ***150.00

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1. Entity Name
INSTANT KARMA ENTERTAINMENT GROUP, CORP.



Principal Place of Business
**17050 N. BAY RD
SUITE 806
SUNNY ISLES, FL 33160**

Mailing Address
**17050 N. BAY RD
SUITE 806
SUNNY ISLES, FL 33160**

40114607



04212007 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2324340

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PYTLOWANY, PABLO
17050 N. BAY RD
SUITE 806
SUNNY ISLES, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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

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
**PST
PYTLOWANY, PABLO
17050 N. BAY RD., SUITE 806
SUNNY ISLES, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #