

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000093113	
1. Entity Name KARMEL HOLDINGS INC.	

Principal Place of Business 1021 N FEDERAL HWY FORT LAUDERDALE FL 33304	Mailing Address 1021 N FEDERAL HWY FORT LAUDERDALE FL 33304
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 02-0640382	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KARMEL, LORI K 3880 EAST LAKE ESTATES DR. DAVIE FL 33328
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

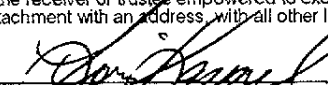
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete DV KARMEL, LORI K 3880 EAST LAKE ESTATES DR. DAVIE FL 33328
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete P KARMEL, RONALD 8100 BERMUDA POINT LANE FORT LAUDERDALE FL 33328
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add U00000206617 02/01/05-80012-020 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add

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: 	Date: 1/26/05	Daytime Phone #: 954-764-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		