

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90088 040 \*\*\*150.00

**DOCUMENT # 580847**

1. Entity Name

KARIS KRISTO, INC.



Principal Place of Business

2667 EAST ATLANTIC BLVD.  
POMPANO BEACH FL 33062-4939

Mailing Address

2667 EAST ATLANTIC BLVD.  
POMPANO BEACH FL 33062-4939



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 (10/05)

4. FEI Number

59-1829181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLSON, REV, BILL  
1463 S W 25 WAY  
DEERFIELD BEACH FL

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

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete  
NAME CARLSON, MARJORIE  
STREET ADDRESS 2400 NE 10TH ST #411  
CITY-ST-ZIP POMPANO BEACH FL

TITLE P ☒ Change ☐ Addition  
NAME CARLSON, MARJORIE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CARLSON, WILLIAM C  
STREET ADDRESS 1463 SW 25TH WAY  
CITY-ST-ZIP DEERFIELD BCH FL

TITLE V.P. ☒ Change ☐ Addition  
NAME CARLSON, William C.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MARTIN, PAMELA A  
STREET ADDRESS 441 SE 6TH TERR  
CITY-ST-ZIP POMPANO BEACH FL

TITLE P ☒ Change ☐ Addition  
NAME MARTIN, PAMELA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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: *Marjorie Carlson* MARJORIE CARLSON 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #