

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# 750066

Entity Name: KARINA APARTMENTS, INC.

Current Principal Place of Business:

510 24TH AVE. N.
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

ATLANTIC FULCRUM, INC.
5112 ARBOR GLEN CIR.
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 59-2033264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATLANTIC FULCRUM, INC.
512 ARBOR GLEN CIR.
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: REPO, KARL
Address: 4662 COCONUT RD
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD () Delete
Name: ARPONEN, KARI
Address: 1809 NORTH N ST
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: SNOOK, JEFFREY
Address: 896 N. FEDERAL HWY. #424
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: REPO, KARL
Address: 4662 COCONUT RD
City-St-Zip: LAKE WORTH, FL 33461

Title: VD (X) Change () Addition
Name: ARPONEN, KARI
Address: 1809 NORTH N ST
City-St-Zip: LAKE WORTH, FL 33460

Title: SD (X) Change () Addition
Name: HILL, SIRKKA
Address: 510 24TH AVE N # 603
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI REPO

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date