## 2005 FOR FROFIT CORPORATION **ANNUAL REPORT**

FILED DOCUMENT # F35633 05 OCT -3 AM 9:53 KARÍN INVESTMENTS, INC. SEGNE OF STATE TALLAHASSEE, FL<u>ORID</u>A Principal Place of Business Mailing Address 3040 S.W. 130 AVENUE 3040 S.W. 130 AVENUE MIAMI, FL 33175 MIAMI, FL 33150 **7**09152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-8364326 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PUBCHARA, JORGE DO NOT WRITE 3040 S.W. 130 AVENUE MIAMI, FL 33175 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by October 1, 2005 OFFICERS AND DIRECTORS 10. DPS TITLE PUBCHARA, FRANK NAME STREET ADDRESS 3040 SW 130 AVE. 400060501464 MIAMI, FL 33175 CITY-ST-ZIP 10/11/05--01068--012 \*\*150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TOTLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 two 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 thustee 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 attachmer SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #