

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/ **FILED**  
**Jul 03, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90002 015 \*\*\*150.00

<b>DOCUMENT # F35633</b> 1. Entity Name <b>KARIN INVESTMENTS, INC.</b>					
Principal Place of Business <b>3040 S.W. 130 AVENUE MIAMI, FL 33175</b>			Mailing Address <b>3040 S.W. 130 AVENUE MIAMI, FL 33150</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-8364326</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PUBCHARA, FRANCISCO 3040 S.W. 130 AVENUE MIAMI, FL 33175</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	OPS PUBCHARA, FRANK 3040 SW 130 AVE. MIAMI, FL 33175 <i>President</i>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>  Pubchara Karina 3040 SW 130 AVE SECRETARY of CORP <i>ADDITION</i>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Pubchara KARIDA <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Karina Pubchara</i> (P) Karina Pubchara (S)			Date: <i>July 2, 08</i> 6-2-08		