


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F54639**

1. Entity Name  
**KAREN RECORDS, INC.**



Principal Place of Business      Mailing Address

**130 ROSALES COURT**      **130 ROSALES COURT**  
**CORAL GABLES, FL 33143 US**      **CORAL GABLES, FL 33143 US**



01272006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2432387**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONTALVO, H. JAMES**  
**C/O H. JAMES MONTALVO, P.A.**  
**221 EAST OSCEOLA STREET**  
**STUART, FL 34994**

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

1100000413489  
 02/10/06-80091-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>RODRIGUEZ, BIENVENIDO</b> <b>CALLE EL CONDE 262</b> <b>S.D., DOMINICAN REP.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>RODRIGUEZ, ISABEL</b> <b>130 ROSALES COURT</b> <b>MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** \_\_\_\_\_ **1-30-06**      Date      Daytime Phone # \_\_\_\_\_