


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # F54639 1. Entity Name KAREN RECORDS, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 130 ROSALES COURT CORAL GABLES, FL 33143 US | Mailing Address 130 ROSALES COURT CORAL GABLES, FL 33143 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-2432387 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 reconstituting) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT RODRIGUEZ, BIENVENIDO CALLE EL CONDE 262 S.D., DOMINICAN REP., |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS RODRIGUEZ, ISABEL 130 ROSALES COURT MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000661931
03/20/07-80066-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____ **3-9-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #