

2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F54639

1. Entity Name KARÉN RECORDS, INC.



FILED Jan 10, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

130 ROSALES COURT

CORAL GABLES, FL 33143

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DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2432387

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renetating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME	PDT RODRIGUEZ, BIENVENIDO			•	
STREET ADDRESS	CALLE EL CONDE 262			ė	•
CITY-ST-ZIP	S.D., DOMINICAN REP.,	,	•		· -
TITLE	VDS .				
NAME	RODRIGUEZ, ISABEL			-	U00000779356
STREET ADDRESS	130 ROSALES COURT				U00000778356 01/10/08-80045-009 158.75
CITY-ST-ZIP	MIAMI, FL 33143				
TITLE					
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CITY-ST-ZIP					
TITLE					

12. Thereby certify that the information supplied with this filted 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 trusted 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10.00 in the receiver or an attachment with an address with all other like expowered.

SIGNATURE: X

NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR