

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90036 008 ***158.75

DOCUMENT # G20485

1. Entity Name

KAREL A IMPORT EXPORT, INC.



Principal Place of Business

6065 NW 167 ST. BAY B-11
MIAMI FL 33015

Mailing Address

6065 NW 167 ST. BAY B-11
MIAMI FL 33015

54023894



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2345396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIMITRI, RAQUEL
2740 OAKBROOK LANE
WESTON FL 33332

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DIMITRI, RAQUEL
STREET ADDRESS 2740 OAKBROOK LN.
CITY-ST-ZIP WESTON FL 33332

TITLE VP ☐ Delete
NAME DIMITRI, RICARDO A
STREET ADDRESS 5343 SW 32 AV.
CITY-ST-ZIP HOLLYWOOD FL 33312

TITLE S ☐ Delete
NAME SALAMA, DEBORAH
STREET ADDRESS 4917 SW 33 RD TERRACE
CITY-ST-ZIP HOLLYWOOD FL 33312

TITLE T ☐ Delete
NAME BENEDETTO, DIMITRI
STREET ADDRESS 2740 OAKBROOK LANE
CITY-ST-ZIP WESTON FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME DIMITRI RICARDO A
STREET ADDRESS 5349 SW 32 WAY
CITY-ST-ZIP HOLLYWOOD FL 33312

TITLE S ☒ Change ☐ Addition
NAME SALAMA DEBORAH
STREET ADDRESS 5298 S.W 34 WAY
CITY-ST-ZIP HOLLYWOOD FL 33312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENEDETTO DIMITRI

3/25/04

Date

(305) 8282266

Daytime Phone #