


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # G20485 1. Entity Name KAREL A IMPORT EXPORT, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2345396	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

**DIMITRI, RAGUEL
2740 OAKBROOK LANE
WESTON, FL 33332**

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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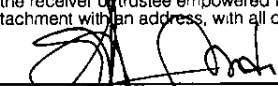
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIMITRI, RAQUEL 2740 OAKBROOK LN. WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMITRI, RICARDO A 5349 SW 32 WAY HOLLYWOOD, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAMA, DEBORAH 5298 SW 34 WAY HOLLYWOOD, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENEDETTO, DIMITRI 2740 OAKBROOK LANE WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/28/07-90053-011 158.75

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:  **Benedetto Dimitri** **02.15.07**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #