2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K73790

1. Entity Name
KARAIL, INC.

Principal Place of Business	Mailing Address
5433 ALTON ROAD MIAMI BCH., FL 33140	5433 ALTON ROAD MIAMI BCH., FL 33140

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0107001	Not Applicable

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

6. Name and Address of Current Registered Agent

BENSON, KAREN JACOBS
5433 ALTON ROAD
MIAMI BEACH, FL 33140

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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, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	PVS	
NAME	BENSON, KAREN JACOBS	
STREET ADDRESS	5433 ALTON RD.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	TD	
NAME	BENSON, KAREN JACOBS	
STREET ADDRESS	5433 ALTON RD.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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05/11/07-80029-021 150.00

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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: Karen J Benson / Karen J Benson   4/24/07   305 206-4852

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