

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L92052

1. Entity Name
ALFRED KARRAM III, INC.



Principal Place of Business
720 E. PALMETTO PK. RD
BOCA RATON, FL 33432 US

Mailing Address
720 E. PALMETTO PK. RD
BOCA RATON, FL 33432 US



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0605318
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KARRAM, ALFRED
720 E. PALMETTO PK. RD
BOCA RATON, FL 33432

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARRAM, ALFRED SR 720 E. PALMETTO PK. RD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KARRAM, EMELIA 720 E. PALMETTO PK. RD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KARRAM, ALFRED JR 720 E. PALMETTO PK. RD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 another like empowered.

SIGNATURE: Alfred Karam Sr. Alfred KARAM, Sr. 3/16/04 (561) 394-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #