


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90002 040 ****70.00

DOCUMENT # N02000002752

1. Entity Name
 KARIZMA OUTREACH, INC.



Principal Place of Business
 1164 NW 75TH STREET
 MIAMI, FL 33150

Mailing Address
 1164 NW 75TH STREET (changed)
 MIAMI, FL 33150

50062011



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 1144 N.W. 75 St
 Suite, Apt. #, etc.

07202005 Chg-NP CR2E037 (10/03)

City & State
 Miami FL

4. FEI Number
 02-0595565

Applied For
 Not Applicable

Zip
 33150

Country
 Dade

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

6. Name and Address of Current Registered Agent

BAIN-REVELL, PRUCHELLE
 1164 NW 75TH STREET
 MIAMI, FL 33150

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAIN-REVELL, PRUCHELLE 1164 NW 75TH STREET MIAMI, FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAIN-HUDSON, SHARHONDRA 365 NE 205 TERRACE MIAMI, FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IVY, WANDA 1144 NW 75 STREET MIAMI, FL 33150	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IVY WANDA 1144 N.W. 75 St. MIAMI FL 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph BAIN 7182 NW 16 ave MIAMI FL 33150 SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Pruchelle Revell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/13/05 Daytime Phone #: (786) 277-3620