

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000031882

1. Entity Name
KARWOOD ENTERPRISES, INC.



Principal Place of Business
9420 WEST FLAGLER STREET
#207
MIAMI, FL 33174

Mailing Address
9420 WEST FLAGLER STREET
#207
MIAMI, FL 33174



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1100195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRERA, CLARA
STREET ADDRESS 3687 SOUTHWEST 3RD AVENUE
CITY-ST-ZIP MIAMI, FL 33145

TITLE D
NAME HULL, GABRIEL
STREET ADDRESS 9420 W FLAGLER STREET, #207
CITY-ST-ZIP MIAMI, FL 33174

TITLE D
NAME HULL, ANDREA
STREET ADDRESS 1008 JEFFERSON AVENUE, #301
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D
NAME HULL, KAREN
STREET ADDRESS 946 WEST CONCORD PLACE
CITY-ST-ZIP CHICAGO, IL 60614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #