

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90091 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095415
1. Entity Name
KARIR INC

DO NOT WRITE IN THIS SPACE

68037382

2. Principal Place of Business <u>713 HWY 98</u> Suite, Apt. #, etc.	3. Mailing Address <u>713 HWY 98</u> Suite, Apt. #, etc.
City & State <u>DESTIN, FL</u> Zip <u>32541</u> Country <u>USA</u>	City & State <u>DESTIN, FL</u> Zip <u>32541</u> Country <u>USA</u>

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>MICHAEL WALTER MARTIN JR</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>24 WALTER MARTIN RD</u>	
City <u>FT WALTON BEACH</u> FL Zip Code <u>32548</u>		

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 _____

January 1 - May 1 Fee is \$180.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

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	<u>PIO</u> <u>ANIL BHAKTA</u> <u>713 HWY 98</u> <u>DESTIN, FL 32541</u>
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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Anil Bhakta 5/1/06 (850) 650-1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ANIL BHAKTA