## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90227 016 \*\*\*150.00

City & State PEMBROKE PINES FL	OCUMENT # P010001	01000118768	/		
2. Principal Place of Business 1267 NW 165TH AVE.  Suite. Apt. #. etc.  Suite. Apt. #. etc.  City & State PEMBROKE PINES FL PEMBROKE PINES FL Zip USA  7 D  Country 20 Suite. Apt. #. etc.  City & State PEMBROKE PINES FL Zip Country 20 Suite. Apt. #. etc.  City & State PEMBROKE PINES FL Zip Country 33028  Country 7 D  7 Name and Address of Registered Agent Name A1A REGISTERED AGENT, INC.  Street Address (P.O. Box Number is Not Acceptable)  25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  FL Zip Code 33131  3. Meiling Address PEMBROKE PINES FL PEMBROKE PINES FL Zip Code 33131  25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  FL Zip Code 33131  26 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.  SIGNATURE  Signature, typed or printed reame of registered agent and two if applicables (NOTE Registered pagent agent registered pagent agent remaining)  After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$51.25 Make Check Payable to Department and elects to do 50 (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  Added to Fee MAKE STRET ADDRESS S	KARAKATA ENTERPRISE	RPRISES INC.	$\sqrt{}$		
1267 NW 165TH AVE.  Suite. Apt. #. etc.  City & State PEMBROKE PINES FL PEMBROKE PINES FL Zip 33028  Country USA  7. Name and Address of Status Desired Sequenced Agent Name A1A REGISTERED AGENT, INC.  Street Address (P.O. Box Number is Not Acceptable)  25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  *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.  *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.  *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.  *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.  *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.  *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.  *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.  *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.  *8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida.  *8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida.  *8. The above named entity submits this statement for the purpose of changing its registered agent.  *8. The above named entity submits this stateme	DO NOT WRIT	WRITE IN THIS S	SPACE	4.	
Suite. Apt. #. etc.  City & State PEMBROKE PINES FL  Zip 33028  Country = - Zip 33028  T. Name and Address of Registered Agent Name A1A REGISTERED AGENT, INC.  Street Address (P.O. Box Number is Not Acceptable)  25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  FL Zip Code 33131  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.  SIGNATURE  Signature, typed or printed semi-or registered agent, and take if appricable.  Inotic Registered Agent synthetic beginner begin	Principal Place of Business	3. Mailing Address 1267 NW 165T			
City & State PEMBROKE PINES FL  Zip 33028  Country USA  Country 33028  Country USA				DO NOT WRITE IN THIS SPA	ACE
Signature, speed or printed rame of registered agent and like if applicable.   NoTE: Registered Agent Agent Agent Signature, speed or printed rame of registered agent and like if applicable.   NoTE: Registered Agent Agen	City & State PEMBROKE PINES FL	City & State PEMBROKE P	PINES FL	651157044	Applied For Not Applicable
7. Name and Address of Registered Agent Name A1A REGISTERED AGENT, INC. Street Address (P.O. 8ox Number is Not Acceptable)  25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  FL Zip Code 33131  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.  Signature PRESIDENT O2-O7-O7 Signature lyped or printed name of registered agent and title if applicable.  INOTE: Registered Agent signature lequited when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  ITTLE NAME EMMANUEL A. DANSO STREET ADDRESS TREET ADDRESS TITLE NAME TITLE DP NAME TITLE DR NAME TITLE TITLE DR NAME TITLE DR NAME TITLE TITLE DR NAME TITLE TITLE DR NAME TITLE TITLE TITLE DR NAME TITLE T	Zip Country		USA	5. Certificate of Status Desired Fe	
Street Address (P.O. Box Number is Not Acceptable)  25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  FL Zip Code 33131  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.  SIGNATURE  Signature, typed or printed reme of registered agent and title if applicable.  INDIC: Registered Agent Signature bequired when reinstating)  DATE  9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  TITLE  DP  MAMAE Check Payable to Department of State  TITLE  DP  MAMAE  STREET ADDRESS  TITLE  D INDIC: Registered Agent Signature bequired when reinstating)  To Election Campaign Financing Trust Fund Contribution.  \$5.00 Ma Added to Fe  STREET ADDRESS  CITY-ST-ZIP  TITLE  D INDIC: Registered Agent Signature bequired when reinstating)  To Election Campaign Financing Trust Fund Contribution.  \$5.00 Ma Added to Fe  STREET ADDRESS  CITY-ST-ZIP  TITLE  D INDIC: Registered Agent Signature bequired when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 Ma Added to Fe  STREET ADDRESS  CITY-ST-ZIP  TITLE  D INDIC: Registered Agent Signature bequired when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 Ma Added to Fe  STREET ADDRESS  CITY-ST-ZIP  TITLE  D INDIC: Registered Agent Signature bequired when reinstating)  To Election Campaign Financing Trust Fund Contribution.  \$5.00 Ma Added to Fe  STREET ADDRESS  CITY-ST-ZIP  TITLE  D INDIC: Registered Agent Signature bequired when reinstating)  To Election Campaign Financing Trust Fund Contribution.  \$5.00 Ma Added to Fe  STREET ADDRESS  CITY-ST-ZIP  TITLE  D INDIC: Registered Agent Signature bequired when reinstating)  To Election Campaign Financing Trust Fund Contribution.  STREET ADDRESS  CITY-ST-ZIP  TITLE  D INDIC: Registered Agent Signature bequired when reinstating)  To Election Campaign Financing Trust Fund Contribution.  STREET ADDRESS  Trust Fund C			The state of the s		
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TITLE NAME EMMANUEL A. DANSO STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33028  TITLE D NAME IRENE O. DANSO  TITLE D NAME IRENE O. DANSO  TITLE STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	9. This corporation is eligible to satisfy its Intana Tax filing requirement and elects to do so. (See criteria on back)	atisfy its Intangible Affer I sto do so. Ame	1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00 Inded UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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STREET ADDRESS 1267 NW 165TH AVE.  CITY-ST-ZIP PEMBROKE PINES FL 33028	NAME IRENE O. DANSO STREET ADDRESS 1267 NW 165TH AVE.	H AVE.	NAME STREET ADDRESS		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  13.   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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certification in the section of the	NAME STREET ADDRESS		NAME STREET ADDRESS CITY-ST-ZIP		

attachment with an address, with

SIGNATURE:

EMMANUEL A. DANSO, DIRECTOR ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-07-03

Daytime Phone