

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90049 033 ***150.00

DOCUMENT # P02000054642

1. Entity Name
KARMA LOUNGE, INC



Principal Place of Business
**1818 E SUNRISE BLVD
FT LAUDERDALE, FL 33304**

Mailing Address
**1818 E SUNRISE BLVD
FT LAUDERDALE, FL 33304**

40007565



DO NOT WRITE IN THIS SPACE

01112005- No Chg-P CR2E034 (10/03)-

4. FEI Number
03-0469031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DILEO, ANTONIO
1800 E SUNRISE BLVD
FT LAUDERDALE, FL 33304**

**DO NOT WRITE
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	D
NAME	DILEO, ANTONIO
STREET ADDRESS	1818 E SUNRISE BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	D
NAME	DILEO, MARIO
STREET ADDRESS	1818 E SUNRISE BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Dileo 1-12-05

Date

954-524-1805

Daytime Phone #