

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

04-14-2003 90042 042 \*\*\*150.00  
06-02-2003 91091 001 \*\*\*\*\*61.25  
06-02-2003 91091 002 \*\*\*\*\*8.75

03 JUN -9 A 9:15 P02000072543

SECRET OF STATE  
TALLAHASSEE, FLORIDA

**55045944**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P02000072543**  
1. Entity Name  
**Kara Wiiren, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5546 Golden Eagle circle</b> Suite, Apt. #, etc. <b>Palm Bch. Gardens,</b> City & State <b>Florida</b> Zip <b>33418</b> Country <b>USA</b>		3. Mailing Address <b>5546 Golden Eagle circle</b> Suite, Apt. #, etc. <b>Palm Beach Gardens</b> City & State <b>Florida</b> Zip <b>33418</b> Country <b>USA</b>	
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4. FEI Number <b>450481789</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **Kara B. Wiiren**  
Street Address (P.O. Box Number is Not Acceptable)  
**5546 Golden Eagle circle**  
**Palm Bch. Gardens, FL**  
City **FL** Zip Code **33418**

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 **Kara B. Wiiren** DATE **5-30-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 May Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kara B. Wiiren, President</b> <b>5546 Golden Eagle circle</b> <b>Palm Beach Gardens, FL</b> <b>33418</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kara B. Wiiren** DATE **5-30-03** (561) 329-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

91 c/s