## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000094932

1. Entity Name
KARLA JOSEPHIK REPORTING, INC.



FILED Feb 07, 2008 08:00 Al Secretary of State

Principal Place of Business

2740 SHIPSTON AVE. NEW PORT RICHEY, FL 34655 Mailing Address

2740 SHIPSTON AVE.

**NEW PORT RICHEY, FL 34655** 



## DO NOT WRITE IN THIS SPACE

Wear the fire of the

01232008 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

**建设有一个工作的**基础。

DO NOT WRITE

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: Registere	d Agent algnature	required when reinstating)	DATE	
After M	E NOW!!!_FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	S. Election Campaign Finar     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000819229 02/15/08-90074-019	150.00
10.	OFFICERS AND DIRE	CTORS	15 gr 63	Jan 18 18 18 18 18 18 18 18 18 18 18 18 18	HETEROLETICS TO A THEORY &	Jan 1 471 m
TITLE Name Street address City-St-Zip	DPST JOSEPHIK, KARLA S 2740 SHIPSTON AVE NEW PORT RICHEY, FL 34655					
TITLE NAME						

## DO NOT WRITE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ampowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIC

NTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

12/8/1-1268

Daytime Phone #