

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

04-30-2004 90247 035 ***150.00

DOCUMENT # P03000022864					
1. Entity Name KARB ENTERPRISES, INC.					
Principal Place of Business 5058 W. ATLANTIC AVENUE DELRAY BEACH, FL 33484			Mailing Address 5058 W. ATLANTIC AVENUE DELRAY BEACH, FL 33484		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212004 Chg-P CR2E034 (10/03)	
4. FEI Number 14-1872523				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, HUMBERTO E 6971 N. FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name: <u>RUIZ HUMBERTO</u> Street Address (P.O. Box Number is Not Acceptable): <u>5000 NE SPANISH RIVER BLVD #5</u> City: <u>BOCA RATON</u> <u>FL</u> Zip Code: <u>33431</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: <u>[Signature]</u> DATE: <u>4/25/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHUNGAEW, CHARUN 8630 S.W. 19TH STREET FT. LAUDERDALE, FL 33324 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>[Signature]</u> DATE: <u>4/25/04</u> <u>561 496-6440</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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