2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

DOCUMENT # P03000040923 1. Entity Name KAREEN, INC.						04-05-2004 90053 015 ***150.00				
Principal Place of Business Mailing Address					\neg	94943000				
-2100 N.W1	O7TH TERRACE	2100 N.W. 107TH TE	100 N.W. 107TH TERRACE			0101000				
SUNRISE, FL 33322 SUNRISE, FL 33322								6.		
						T erier ikka erik erik e ri	TO 401 /E 6/1 / 64	H e Here Were al	1881 IL 1881	
2. Principal P	face of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Numb	er[[-3]	1011	No	plied For `` t Applicable	
Zip	Country Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Requires		
•	6. Name and Address of Curren	t Registered Agent	-\ T	 	7. Name and	d Address of New 1			-	
									·····	
LAW OFFICES HOWARD M. NEU, P.A.					Street Address (P.O. Box Number is Not Acceptable)					
1152 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024				Street Address (F.O. Box Nutriber is Not Acceptable)						
TEMPLOTE HEO, I C 00027										
			<u></u>	City			FL	Zip Code	€	
9 The above	named entity submits this statement	or the curpose of changing i	te registere	d office or regi	ictored agent, or bo	oth in the State of E		emiliar with	and accept	
	ions of registered agent.	or the borbose or citarightig i	ra registere	a onice or regi	steled agent, or bo	one in the State of t	onua. Tant	датниси мили,	and accept	
CIONIATION										
SIGNATURE.	Signature, typed or printed name of registered ager	quired when reinstating)		DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees		<u>د</u>	-	=	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	3 IN 11	
TITLE	P	☐ Delete	TITLE					Change	☐ Addition	
NAME DEDCET ADDRESS	BISHOP, BRENTON		NAME	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP				ST-ZIP						
TITLE	s	☐ Delete	TITLE				** ** ** ** ** ** ** ** ** ** ** ** **	Change	Addition	
NAME	BISHOP, ANNMARIE		NAME					_ •	_	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Detete	TITLE NAME					Change	Addition	
NAME Street address			1	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREE CITY-:	T ADDRESS ST-7IP						
TITLE		☐ Delete	TITLE					☐ Change	Addition .	
NAME		C Delete	NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP			· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————		
TITLE		- Delete	TITLE NAME					☐ Change ~	Addition	
NAME STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
12. hereby	certify that the information supplied wi	th this filing does not qualify	for the exen	nption stated in	n Section 119.07(3)	(i), Florida Statutes	I further cer	tify that the in	nformation	
of the co	I on this report or supplemental report rporation or the receiver or trustee on , or on an attachment with an address	is true and accurate and that powered to execute this repo	n my signati ort as require	ure snan have t ed by Chapter	rie same legal effe 607, Florida Statut	es; and that my nar	oain; inat l i ne appears i	an an onicer n Block 10 o	Block 11 if	
changed	, or on an attachment with an address	with all other like empowers	ed.	،	2/-01	04	0/11	7472	972	