

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90005 015 ***150.00

DOCUMENT # P03000104545

1. Entity Name
MUNA KARIN #1, INC.



Principal Place of Business

**10823 BISCAYNE BLVD
MIAMI, FL 33161 US**

Mailing Address

**10823 BISCAYNE BLVD
MIAMI, FL 33161 US**

40102000



08242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0343931

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELIAS, MOHAMMAD
1760 SOUTH GLADES DR
NORTH MIAMI BEACH, FL 33162**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELIAS, MOHAMMAD
STREET ADDRESS 1760 SOUTH GLADES DR
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE SD
NAME AKTHAR, PARVIN U
STREET ADDRESS 1760 SOUTH GLADES DR
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE VD
NAME CHANDRA DAS, DILIP U
STREET ADDRESS 1760 SOUTH GLADES DR
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/24/06
Date

Daytime Phone #