


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # P05000001102	
1. Entity Name KARI MADERA, PA	

Principal Place of Business 380 RIDGEWOOD ROAD KEY BISCAVNE, FL 33149	Mailing Address 380 RIDGEWOOD ROAD KEY BISCAVNE, FL 33149
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DO NOT WRITE IN THIS SPACE



02102007 No Chg-P CR2E034 (11/05)

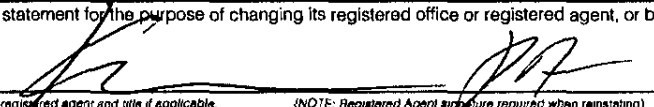
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MADERA, KARI
380 RIDGEWOOD ROAD
KEY BISCAVNE, FL 33149**

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 famillar with, and accept the obligations of registered agent.

SIGNATURE  **2-6-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

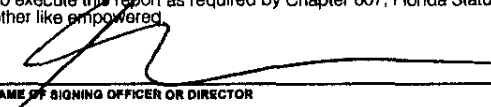
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000636464 02/26/07-80016-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	NAME MADERA, KARI
STREET ADDRESS 380 RIDGEWOOD ROAD	
CITY-ST- ZIP KEY BISCAVNE, FL 33149	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
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:  **2-6-07** **305 439-5998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone