


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P06734 1. Entity Name KARNAK-SOUTH, INC.	
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Principal Place of Business 1010 S.E. 20TH ST. PORT EVERGLADES FT. LAUDERDALE, FL 33316 US	Mailing Address 330 CENTRAL AVENUE CLARK, NJ 07066
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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2504454

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156-0000**

**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 _____ [NOTE: Registered Agent signature required when reinstating] DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	VPT
NAME	TOTO, JOSEPH
STREET ADDRESS	330 CENTRAL AVE.
CITY-ST-ZIP	CLARK, NJ
TITLE	DC
NAME	JELIN, SIMA
STREET ADDRESS	216 CRESTWOOD DR
CITY-ST-ZIP	SOUTH ORANGE, NJ
TITLE	PCEO
NAME	HANNAH, JAMES D
STREET ADDRESS	330 CENTRAL AVE
CITY-ST-ZIP	CLARK, NJ
TITLE	CFOS
NAME	ANDREWS, ROBERT
STREET ADDRESS	330 CENTRAL AVE
CITY-ST-ZIP	CLARK, NJ 07066
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000387355
01/19/06-80035-022 150.00

**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:  **VPT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-06 732-788-0300
Date Daytime Phone #