

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90237 042 \*\*\*150.00

<b>DOCUMENT # P07000012176</b>					
<b>1. Entity Name</b> KARINA MEZA, INC.					
<b>Principal Place of Business</b> 20170 PINES BLVD - SUITE # 302 PEMBROKE PINES, FL 33029			<b>Mailing Address</b> 20170 PINES BLVD - SUITE # 302 PEMBROKE PINES, FL 33029		
<b>2. Principal Place of Business - No P.O. Box #</b> 1460 SPRINGSIDE DRIVE		<b>3. Mailing Address</b> 1460 SPRINGSIDE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> WESTON, FL		<b>City &amp; State</b> WESTON, FL			
<b>Zip</b> 33326	<b>Country</b> US	<b>Zip</b> 33326	<b>Country</b> US	<b>4. FEI Number</b> 20-8272107	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MEZA, KARINA 20170 PINES BLVD - UITE #302 PEMBROKE PINES, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name: KARINA MEZA Street Address (P.O. Box Number is Not Acceptable): 1460 SPRINGSIDE DRIVE City: WESTON, FL Zip Code: 33326		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reappointing)					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2008 Fee will be \$550.00		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> MEZA, KARINA <b>STREET ADDRESS</b> 20170 PINES BLVD - SUITE # 302 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> MEZA, KARINA <b>STREET ADDRESS</b> 1460 SPRINGSIDE DRIVE <b>CITY-ST-ZIP</b> WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			Date: 6/15/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					