## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **DOCUMENT # P95000059070** Mar 22, 2004-98:00 AM **Secretary of State** ALFRED KARRAM IV. INC. Principal Place of Business Mailing Address 720 E PALMETTO PARK ROAD 720 E PALMETTO PARK ROAD BOCA RATON, FL 33432 US BOCA RATON, FL 33432 US 03162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0608979 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KARRAM, ALFRED SR DO NOT WRITE 720 E. PALMETTO PARR ROAD BOCA RATON, FL 33432 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 regulred when reinstating) ПАТЕ 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **\$5.00** May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KARRAM, ALFRED NAME U00000093128 03/22/04-80005-018 150.00 STREET ADDRESS 720 EAST PALMETTO PARK ROAD CITY-ST-ZIP BOCA RATON, FL TITLE NAME KARRAM, EMILIA STREET ADDRESS 720 E, PALMETTO PARL ROAD CITY-ST-ZIP BOCA RATON, FL TITLE KARRAM, ALFRED NAME 720 EAST PALMETTO PARK ROAD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BOCA RATON, FL IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 be 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:

NAME STREET ADDRESS CITY-ST-ZIP

WHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred KATTAM St. 3/16/04

(SG) 394-9900