


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

06-01-2004 90002 044 ***100.00
09-03-2004 90005 042 ****50.00

DOCUMENT # P96000045931		
1. Entity Name KARDOMI INC.		

Principal Place of Business 6474 BUENA VISTA DRIVE MARGATE, FL 33063	Mailing Address 6474 BUENA VISTA DRIVE MARGATE, FL 33063
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24083459



2. Principal Place of Business 401 SW 4TH AVE # 806	3. Mailing Address SAME
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08062004 Chg-P CR2E034 (10/03)


City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
Zip 33315	Country BROWARD

4. FEI Number 65-0654492	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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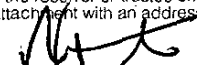
6. Name and Address of Current Registered Agent FABRES, RAUL 6474 BUENA VISTA DRIVE MARGATE, FL 33063	
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7. Name and Address of New Registered Agent Name FABRES, RAUL Street Address (P.O. Box Number is Not Acceptable) 401 SW 4TH AVE UNIT 806 City FORT LAUDERDALE FL Zip Code 33315	
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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  DATE 8-31-04 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust/Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FABRES, RAUL 6474 BUENA VISTA DR. MARGATE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 SW 4TH AVE UNIT 806 FT. LAUDERDALE FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FABRES, JANET 6474 BUENA VISTA DR. MARGATE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 SW 4TH AVE UNIT 806 FT. LAUDERDALE FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 8-31-04 954 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 444-6769	
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ATTACHMENT
24083459

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 3, 2004

KARDOMI INC.
6474 BUENA VISTA DRIVE
MARGATE, FL 33063

Subject: KARDOMI INC.

Reference Number: P96000045931

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JG

ANNUAL REPORTS SECTION



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Attachment
24683454
P96000045931

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0049086 01 AV 0.176 **AUTO T7 2 1203 33063-830474



KARDOMI INC.
6474 BUENA VISTA DRIVE
MARGATE FL 33063-8304

To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if different from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P96000045931

Mail Report to:

KARDOMI INC.
6474 BUENA VISTA DRIVE
MARGATE FL 33063-8304

Cancelled check
Front + Back

Form: 2004
Annual Report

+ Letter explaining -

Depart met of State
Reinstatement P.O. Box

6327
Tallahassee 32314

never received notice June 3

JUN 01 2004

Attachment
p96000045931
24083459

5(3)(b)

4-7-8-A

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BANK OF AMERICA NA JAX 1
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0540435837

[illegible]

0338578675
06042004
0630-0049-9
INT=0868 TRC=0868 PK=06

KARDOMI, INC.
6474 BUENA VISTA DRIVE
MARGATE, FL 33063

Attachment

P4 0000045931
241683459
DATE *3-10-06*

54055907

3307

63-1051/670

PAID

PAY TO THE
ORDER OF

Department of State

one Undeared

JUN 04 04

\$ 150.00

DOLLARS

Security features are indicated. Details on back.

Security Bank
Main Office
1450 South State Road 7
North Lauderdale, Florida 33068

SECURITY BANK N.A.
NORTH LAUDERDALE, FLORIDA
067010512 067010512

Renewal of Corp.

FOR

MP

[Redacted line]

ATTACHMENT
24683459
P96000045931

7-23-04.

To Whom it may concern

Here is a copy of the
cancelled check and the letter you sent to me.
Everything was done on time as you requested.
Any questions please call me.

Thanking You.

Raul J. J. J.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 6, 2004

KARDOMI INC
6474 BUENA VISTA DRIVE
MARGATE, FL

SUBJECT: KARDOMI INC.
Ref. Number: P96000045931

THERE WAS NOT A COMPLETED ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM SUBMITTED WITH YOUR CANCELLED CHECK. THE ENCLOSED FORM MUST BE COMPLETED IN ITS ENTIRETY AND RESUBMITTED WITH THE CANCELLED CHECK.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Jeraline Saulsberry
Document Specialist

Letter Number: 404A00049072