

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90101 011 ***150.00

DOCUMENT # P96000045931

1. Entity Name
KARDOMI INC.



Principal Place of Business
**401 SW 4TH AVE #806
FORT LAUDERDALE, FL 33315**

Mailing Address
**6474 BUENA VISTA DRIVE
MARGATE, FL 33063**

DO NOT WRITE IN THIS SPACE



06082006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0654492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FABRES, RAUL
401 SW 4TH AVE UNIT 806
FORT LAUDERDALE, FL 33315**

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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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FABRES, RAUL
STREET ADDRESS	401 SW 4TH AVE UNIT 806
CITY-ST-ZIP	FORT LAUDERDALE, FL 33318
TITLE	VP
NAME	FABRES, JANET
STREET ADDRESS	801 SW 4TH AVE UNIT 806
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #