## '2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000022282**

Entity Name

KARELL'S AFRICAN DREAM VACATIONS, INC.



## FILED Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90150 039 \*\*\*150.00

Principal Place	e of Business	i	Mailing Address								
814 PONCE DE LEON BLVD. #203 CORAL GABLES, FL 33134			814 PONCE DE LEON BLVD. #203 CORAL GABLES, FL 33134								
2. Principal Place of Business 7300 CORPORATE CENTER DR.			7300 CORPORATE CENTER DR.			١.					
Suite, Apt. #, etc.			Suita, Apt. #, etc. 703				02162006	Chg-P	CR	PE034 (11/05)	
City & State			City & State				4. FEI Numb			<b></b>	plied Fo
MIAMI, FLORIDA Zip Country			MIAMI, FLORIDA Zip Country				NOTAL	PLICABLE			ot Applic
	33126 USA		Zip   Cour   33126   US			. I 5 ('Ortitu		of Status Desired		\$8.75 Add	
6. Name and Address of Current F			· · · · · · · · · · · · · · · · · · ·				7. Name and Address of New Registered Agent				
				-	Name PIFTE	TPS NI	TDMAN				
PIETERS, NORMAN 814 PONCE DE LEON BLVD. #203			PIETERS, N Street Address			ddress (F	P.O. Box Numb	er is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	
CORAL G			Street Address (7300 CORP			ORATE CE	NTER DR.,	SUITI	2 703		
					City MIAMI	···			F	Zip Cod	
			r the purpose of changing its	registere			ed agent, or bo	th, in the State of	Florida. I		
the obligat	ions of regist	ered agent.									
SIGNATURE.											
	Signature, typed	or printed name of registered agent.	and title if applicable. (NOT	E: Reg-stere	d Agent signati	ure required	when reinstating)		DA	re	
		FEE IS \$150.00 5 Fee will be \$550.(	9. Election Campa Trust Fund Con		ecing		00 May Be ed to Fees	,			
10.		OFFICERS AND	DIRECTORS 11.				ADDITIONS.	L CHANGES TO O	FEICERS .	AND DIRECTOR	S IN 11
TITLE	D										
NAME			Delete	TITLE	-	PS			TTOETO	(Z) Change	☐ Ad
	l	NORMAN		NAM	E		AN PIETE		· · · · · · · · · · · · · · · · · · ·	(Z) Change	
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	814 PONG	E DE LEON BLVD. #2		NAM STRE	E ET ADDRESS -ST-ZIP	NORM. 7300	AN PIETE CORPORA	RS TE CENTER		<b>—</b> .	Ad
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<sup>12.</sup> Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informati 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

