


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000084660	
1. Entity Name KARIBU ENTERPRISES INC.	

Principal Place of Business 901 BIG TREE RD SOUTH DAYTONA, FL 32119	Mailing Address 901 BIG TREE RD SOUTH DAYTONA, FL 32119
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DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3471333	Applied For <input type="checkbox"/> 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 AMIN, DHANESHKUMAR 901 BIG TREE RD SOUTH DAYTONA, FL 32119
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**DO NOT WRITE
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	D AMIN, DHANESHKUMAR 901 BIG TREE RD SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIN, CHIRAG 901 BIG TREE RD SOUTH DAYTONA, FL 32119
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Damin **8/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #