


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000084759
1. Entity Name
KARELA KIDS, INC.



Principal Place of Business
2740 OAKBROOK LANE
WESTON, FL 33332-3407

Mailing Address
2740 OAKBROOK LANE
WESTON, FL 33332-3407

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0788932

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DIMITRI, BEN
2740 OAKBROOK LANE
WESTON, FL 33332-3407

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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 _____
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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000647119
03/16/07-80059-017 158.75

10. OFFICERS AND DIRECTORS

TITLE P
NAME DIMITRI, BEN
STREET ADDRESS 2740 OAKBROOK LANE
CITY-ST-ZIP WESTON, FL 33332

TITLE V
NAME DIMITRI, RAQUEL
STREET ADDRESS 2740 OAKBROOK LANE
CITY-ST-ZIP WESTON, FL 33332

TITLE T
NAME DIMITRI, RICARDO
STREET ADDRESS 5349 S.W. 32 WAY
CITY-ST-ZIP HOLLYWOOD, FL 33312

TITLE S
NAME SALAMA, DEBORAH
STREET ADDRESS 5298 SW 34TH WAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

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 Ben Dimitri **Ben DIMITRI** 02-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #