


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000017121	
1. Entity Name KARBE INC.	

Principal Place of Business 14936 SW 104TH STREET, #21 MIAMI, FL 33196	Mailing Address 14936 SW 104TH STREET, #23 MIAMI, FL 33185
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E03- (10/03)

4. FEI Number 65-0821033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$3.75 Additional Fees Required

6. Name and Address of Current Registered Agent

KIOS, KARLA
14936 SW 104 H. #23
MIAMI, FL 33196

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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.

SIC NATURE _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIOS, KARLA 14936 SW 104TH STREET, #23 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RIOS, BERNARDINA 14936 SW 104TH STREET, #23 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/25/04-80025-012 150.00

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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)(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: *Karla Rios*, Karla Rios, President Mar. 22, 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #