#### **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

# FILED May 25, 2006 8:00 am Secretary of State

| DOCUMENT # P98000042061  1. Entity Name KARADEE, INC.  |  |  |                           | 05-25-2006 90014 025 ***150.00 |                     |                        |                    |                 |              |
|--|--|--|---------------------------|--------------------------------|---------------------|------------------------|--------------------|-----------------|--------------|
| Principal Plac<br>740 E MCNA<br>POMPANO B  |  |  | 1                         |                                |                     |                        |                    |                 |              |
| MCNAD Wind Cognition + Nunse.  2. Principal Place of Business  740 E MWAD Rd  Suite, Apt. #, etc.  Suite, Apt. #, etc. |  |  |                           | ny<br>IABROL                   | 05162006            | Chg-P                  | *** ==*** =**** ** | 034 (11/05)     |              |
| City & Stat  |  | Ocity & State  |                           | <i>T</i>                       | 4. FEI Numb         |                        |                    | <b>⊢</b>        | plied For    |
| Zip  | Country C  | Zip Zip  | Count                     | <i>y</i>                       | 65-083              | e of Status Desired    |                    | \$8.75 Add      | t Applicable |
| .3300  | 6. Name and Address of Current I   | 33060  | 1/3                       | round                          |                     |                        |                    | Fee Require     | d            |
|  |  | 7. Name and Address of New Registered Agent Name             |                           |                                |                     |                        |                    |                 |              |
|  | TORRES, GISELA<br>ILLANDALE BEACH BLVD   | Street Address (P.O. Box Number is Not Acceptable)           |                           |                                |                     |                        |                    |                 |              |
| HALLANDALE, FL 33009   |  |  |                           |                                |                     |                        |                    |                 |              |
|  |  |  | ļ                         | City                           |                     |                        | FL                 | Zip Code        | 9            |
| 8. The above   | named entity submits this statement for  | r the purpose of changing its                                | s registere               | ed office or register          | red agent, or bo    | oth, in the State of F |                    |                 | and accept   |
|  | ions of registered agent.  |  | ŭ                         | , ,                            | •                   |                        |                    |                 |              |
| SIGNATURE.   | Signature, typed or printed name(s) (egistered agent a   | and title if applicable. (NOT                                | E: Registered             | d Agent signature required     | d when reinstating) |                        | DATE               |                 |              |
|  | LE NOWIII FEE IS \$550.00<br>ue by September 6, 2006   | cing \$5   | .00 May Be<br>led to Fees |                                |                     |                        |                    |                 |              |
| 10.  | OFFICERS AND I   |  | 11.                       |                                | ADDITIONS           | CHANGES TO OF          | FICERS AND         |                 |              |
| TITLE<br>NAME  | D Delete IIII  |  |                           |                                |                     |                        |                    | ☐ Change        | ☐ Addition   |
| STREET ADDRESS   | 740 E MCNAB RD   |  |                           | ET ADDRESS                     |                     |                        |                    |                 |              |
| CITY-ST-ZIP<br>TITLE   | POMPANO BEACH, FL 33060  | ☐ Delete   | TITLE                     | -ST-ZiP                        |                     | <u> </u>               |                    | ☐ Change        | ☐ Addilion   |
| NAME   | MALARD, KAROL  | - Delete   | NAME                      | :                              |                     |                        |                    | oncome          |              |
| STREET ADDRESS<br>CITY-ST-ZIP  | 740 E MCNAB RD<br>POMPANO BEACH, FL 33060  |  |                           | ET ADDRESS<br>- ST-ZIP         |                     |                        |                    |                 |              |
| TITLE  |  | ☐ Delete   | TITLE                     |                                |                     |                        |                    | ☐ Change        | Addition     |
| NAME<br>STREET ADDRESS   |  |  | NAME<br>STRE              | ET ADDRESS                     |                     |                        |                    |                 | '            |
| CITY-ST-ZIP  |  |  |                           | ·ST-ZIP                        |                     |                        |                    |                 |              |
| IITLE<br>NAME  |  | ☐ Delete   | TITLE                     |                                |                     |                        |                    | ☐ Change        | ☐ Addition   |
| STREET ADDRESS   |  |  | STRE                      | et address                     |                     |                        |                    |                 |              |
| CITY-ST-ZIP  |  |  | -                         | -ST-ZIP                        |                     |                        |                    | Change          | Addition     |
| NAME   |  | ☐ Delete   | NAME                      |                                |                     |                        |                    | ⊡ ∩ıgı#Je       |              |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                           | ET ADDRESS<br>-ST-ZIP          |                     |                        |                    |                 |              |
| TITLE  |  | ☐ Delete   | TITLE                     | -                              |                     |                        |                    | ☐ Change        | Addition     |
| NAME<br>STREET ADDRESS   |  |  | NAME                      | E<br>Et address                |                     |                        |                    |                 |              |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                           | - ST- ZIP                      |                     |                        |                    |                 |              |
| indicated of the co  | certify that the information supplied with<br>don this report or supplemental report is<br>rporation or the receiver or trustee empt<br>, or on an attachment with an address, v | strue and accurate and that<br>owered to execute this report | my signat<br>t as requi   | ture shall have the            | same legal effe     | ect as if made under   | oath; that I       | am an officer   | or director  |
| SIGNAT   | TURE:  | de   |                           |                                |                     | 5/19                   | 106                | 791             | 14870        |
| 0.0.77   | SIGNATURE AND TYPED OR P   | RINTED NAME OF SIGNING OFFICER                               | R OR DIRECT               | TOR                            | •                   | Dale                   |                    | Daytime Phone # |              |

DEMORA CENTERA

# ATTACHMENT



## Division of Corporations

### 2006 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report. P98000042061 Document Nunzber **Business Entity Name** KARADEE, INC. Original File Date 05/07/1998

FEI Number

65-0839558

Principal Address 740 E MCNAB RD

POMPANO BEACH, FL 33060

Mailing Address

740 E MCNAB RD

POMPANO BEACH, FL 33060

Registered Agent

**GISELA NANSON TORRES** 

1120 E HALLANDALE BEACH BLVD

HALLANDALE, FL 33009 US

#### Officer/Director Name And Address

D DEMORA CENTERA 740 E MCNAB RD

POMPANO BEACH, FL 33060

D

KAROL MALARD 740 E MCNAB RD

POMPANO BEACH, FL 33060

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

**Make Changes**