## 2005 FOR PROFIT CORPORATION

## **FILED** Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT**

DOCUMENT # P98000079139  1. Entity Name THE KARYO LAW FIRM, P.A.						04-29-2003 \$	90239 01 /	130	.00	
Principal Place 370 WEST CA BOCA RATON	MINO GARDENS BLVD., 4TH FLOOR	Mailing Address 951 SW 4TH AVE. BOCA RATON, FL 3343	<u> </u>			14009778				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272005	Chg-P	CR2E03	4 (10/03)			
City & State		City & State		4. FEI Number 65-0905	406		<del></del>	plied For t Applicable		
Zip	Country	Zip	Coun	try		f Status Desired	<u> </u>	8.75 Add ee Required		
	6. Name and Address of Current F	Registered Agent		Name	7. Name and A	ddress of New F	Registered A	gent		
KARYO, MAXIMILIEN 370 WEST CAMINO GARDENS BLVD., 4TH FLOOR BOCA RATON, FL 33432				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	9	
	named entity submits this statement for one of registered agent.	the purpose of changing its	register	ed office or regis	stered agent, or both	, in the State of Fl	orida. I am fa	ımiliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NDTE	: Registere	d Agent signature requ	ired when reinstating)	<del></del>	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.					55.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	FICERS AND	DIRECTORS	S IN 11	
TITLE	D	☐ Delete . TITLI		I .				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	,			EET ADDRESS '-ST-ZIP						
ITILE NAME STREET ADDRESS CITY-ST-ZIP	NA) STP			I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR