2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 08:00 A Secretary of State

ANNUAL REPORT									
DOCUMENT # P98000079139									

1. Entity Name

THE KARYO LAW FIRM, P.A.



Principal Place of Business

Mailing Address

370 WEST CAMINO GARDENS BLVD., 4TH FLOOR BOCA RATON, FL 33432

951 SW 4TH AVE. BOCA RATON, FL 33432



	DO	NOT	WRIT	TE IN	THIS	SPA	CE
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04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0905406 Applied For
Not Applied For
Not Applied For
Not Applied For
Required

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARYO, MAXIMILIEN 370 WEST CAMINO GARDENS BLVD., 4TH FLOOR BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	ot
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				\neg
TITLE NAME STREET ADORESS CITY-ST-ZIP	D KARYO, MAXILILIEN 370 WEST CAMINO GARDENS BLVD BOCA RATON, FL 33432)., 4TH FLOOR				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				:	U00000716781 04/30/07-80022-011 15	0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
THLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-7IP						

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:

GHATURE AND TYPED OR DENIED HOME OF SIGNING OFFICER OR DIR

MARYO

4-13-07 561-368-011