


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90024 021 \*\*\*150.00

**54034080**

<b>DOCUMENT # P98000103707</b>		
1. Entity Name <b>KARYN - DON ENTERPRISES, INC.</b>		

Principal Place of Business <b>774 NW 42ND WAY DEERFIELD BEACH, FL 33442</b>	Mailing Address <b>774 NW 42ND WAY DEERFIELD BEACH, FL 33442</b>
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2. Principal Place of Business <b>3719 Rockrose Lane</b> Suite, Apt. #, etc.	3. Mailing Address <b>3719 Rockrose Lane</b> Suite, Apt. #, etc.
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01062004 Chg-P CR2E034 (10/03)

City & State <b>Zephyrhills, FL</b>	City & State <b>Zephyrhills, FL</b>
Zip <b>33541</b>	Zip <b>33541</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0881008</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required.</b>
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6. Name and Address of Current Registered Agent <b>SERCHAY, ALLAN 5300 N.W. 33RD AVE., #117 FORT LAUDERDALE, FL 33309</b>	
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7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_ (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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YOCHEL, KARYN A 774 NW 42ND WAY DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROLSTON, DONALD 774 NW 42ND WAY DEERFIELD BEACH, FL 33442</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Yochel, Karyn A. 3719 Rockrose Lane Zephyrhills, FL 33541</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Rolston, Donald 3719 Rockrose Lane Zephyrhills, FL 33541</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Karyn A. Yochel Karyn A. Yochel 4-13-04 813-788-1736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #