2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

02-02-2004 90001 047 ***158.75

DOCUMENT # P99000080529

1. Entity Name
KAREN USA CORP.

66405518

01262004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~14218 SW 23 LANE~~ ~~MIAMI, FL 33175~~	~~14218 SW 23 LANE~~ ~~MIAMI, FL 33175~~
2. Principal Place of Business: PO BOX 940753	3. Mailing Address: PO BOX 940753
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: miami	City & State: miami
Zip: Fl. Country: 33194	Zip: Fl. Country: 33194

4. FEI Number: 65-0949117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, PEDRO P
~~14218 SW 23 LANE~~
~~MIAMI, FL 33175~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2201 SW 148 ct.
City: miami FL Zip Code: 33185

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 ✓ 1/24/04
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALFONSO, PEDRO P		NAME		
STREET ADDRESS	~~14218 SW 23 LANE~~		STREET ADDRESS	2201 SW 148 ct.	
CITY-ST-ZIP	~~MIAMI, FL 33175~~		CITY-ST-ZIP	miami Fl. 33185	
TITLE	TS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALFONSO, MARIA E		NAME		
STREET ADDRESS	~~14218 SW 23 LANE~~		STREET ADDRESS	2201 SW 148 ct.	
CITY-ST-ZIP	~~MIAMI, FL 33175~~		CITY-ST-ZIP	miami Fl. 33185	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ✓ 1/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #