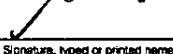
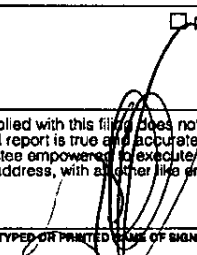


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 14218 SW 23 LANE MIAMI, FL 33175			Mailing Address 14218 SW 23 LANE MIAMI, FL 33175		
2. Principal Place of Business P.O. Box 940753			3. Mailing Address P.O. Box 940753		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State miami			City & State miami		
Zip FL		Country 33194		4. FEI Number 65-0949117	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
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 2201 SW 148 CT miami FL 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: 				DATE: 1/24/04	
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		TITLE		
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		TITLE		
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			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
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: 				DATE: 1/24/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

66405518



01262004 Chg-P CR2E034 (10/03)