

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000103726 1. Entity Name CARMA INVESTMENT INC.	
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Principal Place of Business 625 E 49 STREET HIALEAH, FL 33013	Mailing Address 625 E 49 STREET HIALEAH, FL 33013
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03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1093360	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOLINA, MARINO 625 E 49 STREET HIALEAH, FL 33013

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature of principal officer of corporation or registered agent and also if applicable (NOTE: Registered Agent signature required when necessary) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D MOLINA, MARINO 625 E 49 STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MOLINA, CARMEN A 625 E 49 STREET HIALEAH, FL 33013
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04/04/06-80017-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 205-681-7770
Date Expires: 3/16/07