




FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000103726				Secretary of State	
1. Entity Name CARMA INVESTMENT INC.					
Principal Place of Business 625 E 49 STREET HIALEAH, FL 33013		Mailing Address 625 E 49 STREET HIALEAH, FL 33013			
DO NOT WRITE IN THIS SPACE					
		04042007 No Chg-P CR2E034 (11/05)			
		4. FEI Number 65-1093360		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		D MOLINA, CARMEN A 625 E 49 STREET HIALEAH, FL 33013			
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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: 		4/5/07 305-681-7770			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			