


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90040 041 ***150.00

DOCUMENT # S44702 1. Entity Name K.A. CAERAL CORPORATION	
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Principal Place of Business 5765 SW 113TH ST MIAMI, FL 33156	Mailing Address 5765 SW 113TH ST MIAMI, FL 33156
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01282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0262290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAZOOK, RICHARD J. 5765 SOUTHWEST 113 STREET MIAMI, FL 33156

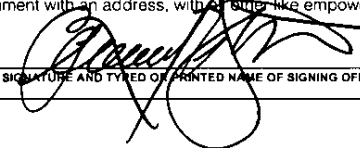
**DO NOT WRITE
IN THIS SPACE**

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)</small>	DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZOOK, RICHARD 5765 S.W. 113TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAZOOK, RICHARD 5765 SW 113TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAZOOK, KAREN 5765 SW 113TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAZOOK, RICHARD 5765 SW 113TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 a signature like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	February 2, 2007 (305) 669-1142 <small>Date Daytime Phone #</small>