

UNIFORM BUSINESS REPORT (UBI)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90176 003 ***150.00

STATEMENT # **232461**

ANNUAL CORPORATION

KREYNAL CORP.

Principal Place of Business: **220 COLLINS AVE MIAMI BEACH 39 FL 33139**
 Mailing Address: **220 COLLINS AVE MIAMI BEACH 39 FL 33139**

14020748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2279704		Applied
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Zip	Country	Zip	Country			

AUSHRA, JOHN 220 COLLINS AVENUE SUITE 9A MIAMI BEACH FL 33139				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEES \$150.00 After May 1, 2002 Fees Will Be \$250.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPDS AUSHRA, JOHN 220 COLLINS AVENUE MIAMI BE 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAIZ, PRIMA 220 COLLINS AVE MIAMI FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LARI, PAUL 220 COLLINS AVE #8A MIAMI BCH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CALCAGNI, LOUISE 220 COLLINS AVE #5B MIAMI BCH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.S. CHRISTIN SCUDARI 220 COLLINS AVE #8A MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT - CALCAGNI, STEVE Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> 806 S. SINGER CIRCLE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.S. FRANK JAKAITIS 220 COLLINS AVE MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.S. FRANK JAKAITIS Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> 220 COLLINS AVE MIAMI BEACH, FL 33139

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOHN AUSHRA** **MARCH 22, 2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #