## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

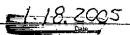
Jan 21, 2005 08:00 AM Secretary of State DOCUMENT # P03000054136 KORI MIELE, INC. Principal Place of Business Mailing Address 10155 WEST SUNRISE BLVD., #306 10155 WEST SUNRISE BLVD., #306 PLANTATION, FL 33322 PLANTATION, FL 33322 01142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2358865 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DI. CRESCENZO, ANGELA DO NOT WRITE 3170 N. FEDERAL HWY #103C LIGHTHOUSE, FL 33064 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinsterlant DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS U00000188167 TITLE 01/24/05-80044-025 150.00 NAME MIELE, KORI 10155 WEST SUNRISE BLVD., #306 STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 NAME DAVIS, AXEL 10155 WEST SUNRISE BLVD., #306 STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 of 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:

CITY-ST-ZIP

ING OFFICER OR DIRECTOR





FILED