


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**7. Aug 04, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90019 029 \*\*\*150.00

**DOCUMENT # P07000094228**

1. Entity Name  
**KOMCOR ENTERPRISES, INC.**



Principal Place of Business  
**828 WEST INDIANTOWN RD  
 STE 104  
 JUPITER, FL 33458 US**

Mailing Address  
**828 WEST INDIANTOWN RD  
 STE 104  
 JUPITER, FL 33458 US**

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07032008 Chg-P CR2E034 (12/08)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEE Number  
**26-0753501**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KORKES, LAURIE  
 828 WEST INDIANTOWN RD  
 STE 104  
 JUPITER, FL 33458**

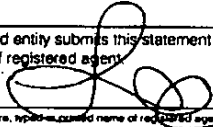
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  (NOTE: Registered Agent signature required when re-registering) DATE **7/2/08**

**FILE NOW!!! FEE IS \$550.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

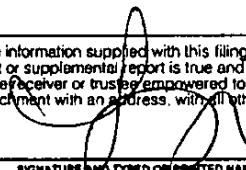
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANEJA, JUGAL 6911 BRYAN DAIRY ROAD, SUITE 210 LARGO, FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TANEJA, MIHIR 6911 BRYAN DAIRY ROAD, SUITE 210 LARGO, FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KORKES, ROB 15821 73RD TERRACE NORTH PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COMFORT, TED 14171 LITTLE CYPRESS CIRCLE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMFORT, MONIQUE 14171 LITTLE CYPRESS CIRCLE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **7/2/08** DAYTIME PHONE #