

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90049 042 ***150.00

DOCUMENT # P97000089392

1. Entity Name

KHOURI LABORATORIES, INC.



Principal Place of Business

328 CRANDON BOULEVARD STE. 227
KEY BISCAYNE FL 33149

Mailing Address

328 CRANDON BOULEVARD STE. 227
KEY BISCAYNE FL 33149

2. Principal Place of Business

180 Crandon Blvd

Suite, Apt. #, etc.

Suite 114

3. Mailing Address

180 Crandon Blvd

Suite, Apt. #, etc.

Suite 114

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

U.S.A

Zip

33149

Country

U.S.A

4. FEI Number

65-0810192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CRISTINA
461 SW 25TH RD
MIAMI FL 33129

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

Cristina Garcia

Signature, typed or printed name of registered agent and title if applicable

Cristina Garcia

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KHOURI, SUSANA L
STREET ADDRESS 328 CRANDON BLVD. STE. 227
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ Delete
NAME KHOURI, ROGER
STREET ADDRESS 328 CRANDON BLVD. STE. 227
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE T ☐ Delete
NAME GARCIA, CHRISTINA
STREET ADDRESS 461 SW 25TH RD
CITY-ST-ZIP MIAMI FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04 (305) 361-8200

Date

Daytime Phone #