2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F43652

1. Entity Name
2316 CORPORATION

Principal Place of Business	Mailing Address
2316 S.W. 57TH AVENUE MIAMI, FL 33155 US	13200 SW 128 ST. C/O EMANUEL #F-2 MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE

04262005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2117721	Not Applicable

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

6. Name and Address of Current Registered Agent

JAY EMANUEL & ASSOC.
13200 SW 128 ST #F-2
MIAMI, FL 33186

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000351732 05/02/05-80158-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	KEUTHAN, GERALD
STREET ADDRESS	14200 SW 20 ST
CITY-ST-ZIP	DAVIE, FL 33325

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Gerald Keuthan_   4-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #