


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90230 048 ***150.00

DOCUMENT # F94000000995 1. Entity Name COREST MANAGEMENT, INC.					
Principal Place of Business 401 BORADHOLLOW RD MELVILLE, NY 11747			Mailing Address 401 BORADHOLLOW RD MELVILLE, NY 11747		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 11-3189134	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 agents.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SBARRO, ANTHONY 763 LARKFIELD ROAD COMMACK, NY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 Broadhollow Rd Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERENDINO, CARMELA N 763 LARKFIELD ROAD COMMACK, NY 11725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 Broadhollow Rd Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SBARRO, JOSEPH 763 LARKFIELD ROAD COMMACK, NY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 Broadhollow Rd Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SBARRO, MARIO 763 LARKFIELD ROAD COMMACK, NY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 Broadhollow Rd Melville NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAHAM, STEVEN B 401 BROADHOLLOW RD MELVILLE, NY 11747	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPT GELAR, ADELE 401 BROADHOLLOW RD MELVILLE, NY 11747	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Geller Adele
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: <i>Adele Geller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				5/9/05 Date	
Daytime Phone #					

50052553



05022005 Chg-P CR2E034 (10/03)