

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-22-2007 90006 044 ****50.00
 03-20-2007 90020 037 ***100.00

40039314




01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3189134 Applied For Not Applicable

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

DOCUMENT # F94000000995
 1. Entity Name
 COREST MANAGEMENT, INC.



Principal Place of Business 401 BROADHOLLOW RD MELVILLE, NY 11747
 Mailing Address 401 BROADHOLLOW RD MELVILLE, NY 11747

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	TD SBARRO, ANTHONY 401 BROADHOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERENDINO, CARMELA N 401 BROADHOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SBARRO, JOSEPH 401 BROADHOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SBARRO, MARIO 401 BROADHOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPT GELLER, ADELE 401 BROADHOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ADELE GELLER - ADELE GELLER, DIRECTOR OF TAXATION - 1/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #