


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 08:00 AM
Secretary of State

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| DOCUMENT # H79655 1. Entity Name KORNHABER INC. | |  |
| Principal Place of Business % MURIEL KUTNER 617 DUVAL ST. KEY WEST, FL 33040 | Mailing Address % MURIEL KUTNER 617 DUVAL ST. KEY WEST, FL 33040 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent KUTNER, MURIEL 617 DUVAL ST. KEY WEST, FL 33040 | | 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P KUTNER, MURIEL 617 DUVAL ST. KEY WEST, FL 33040 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S KUTNER, ARTHUR 617 DUVAL STREET KEY WEST, FL 33040 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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: X Muriel Kutner <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | X 7/11/04 <small>Date</small> 305 294-1570 <small>Daytime Phone #</small> |



07122004 No Chg-P CR2E034 (10/03)

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|---|---|
| 4. FEI Number 59-2733875 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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07/16/04-80003-017 150.00