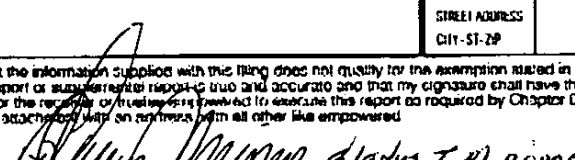


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90490 048 ***150.00

DOCUMENT # P02000091931				05-02-2005 90490 048 ***150.00	
1. Entity Name KORPUL, INC.					
Principal Place of Business 8305 SW 72ND AVENUE #307-A MIAMI, FL 33143		Mailing Address 8305 SW 72ND AVENUE #307-A MIAMI, FL 33143			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 51-0424360	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIGNONE, GLADYS J 8305 SW 72ND AVENUE #307-A MIAMI, FL 33143				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 officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agents.					
SIGNATURE _____ (Signature of individual or printed name of registered agent or officer or director) 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(U), Florida Statutes. I further certify that the information furnished on this report or supplementary report is true and accurate and that my signature shall have the same legal effect as if made in the oath that I am an officer or director of the corporation or the receiver or trustee or receiver in bankruptcy 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 affidavit with all other like empowered.					
SIGNATURE:  Prs. 4/26/05 (305) 6679639					