## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jun 02, 2006 8:00 am Secretary of State DOCUMENT # P02000091931 06-02-2006 90001 032 \*\*\*150.00 1. Entity Name KORPUL, INC. Principal Place of Business Mailing Address 50020339 8305 SW 72ND AVENUE #307-A 8305 SW 72ND AVENUE #307-A MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05222006 CR2E034 (11/05) Cha-P City & State City & State 4 FEI Number Applied For 51-0424360 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIGNONE, GLADYS J Street Address (P.O. Box Number is Not Acceptable) 8305 SW 72ND AVENUE #307-A MIAMI, FL 33143 Zip Code FL 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 Fiorida. 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 \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 6, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PSTD TITLE ☐ Defete TITLE Change ☐ Addition NAME MIGNONE, GLADYS J NAME STREET ADDRESS 8305 SW 72ND AVENUE #307-A STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 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 the property of the propert

**FILED** 

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CRISTINA M. MIGNONE OR
GLADYS MIGNONE

305-667-9639

8305 S.W. 72 AVE. NO. 307-A

MIAM, FL 33143

Pay to the Corona Dept of State \$ 50-4/830 FL

Order of Florina Dept of State \$ 50-4/830 FL

Bank of America

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