

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000102709

1. Entity Name
KURYEL ENTERPRISES, INC.



Principal Place of Business
8650 SW 57TH MANOR
COOPER CITY, FL 33328

Mailing Address
8650 SW 57TH MANOR
COOPER CITY, FL 33328



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0426457

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KURYEL, MARIO
8650 SW 57TH MANOR
COOPER CITY, FL 33328

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

U000000903068

04/30/08-80031-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KURYEL, MARIO
STREET ADDRESS	8650 SW 57TH MANOR
CITY - ST - ZIP	COOPER CITY, FL 33328
TITLE	VST
NAME	KURYEL, KATHLEEN
STREET ADDRESS	8650 SW 57TH MANOR
CITY - ST - ZIP	COOPER CITY, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/08 (954) 434-1004
Date Daytime Phone #