



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90071 035 ***150.00

DOCUMENT # P03000054136					
1. Entity Name KORI MIELE, INC.					
Principal Place of Business 10155 WEST SUNRISE BLVD., #306 PLANTATION, FL 33322			Mailing Address 10155 WEST SUNRISE BLVD., #306 PLANTATION, FL 33322		
2. Principal Place of Business 14913 71st Place N.		3. Mailing Address 14913 71st Pl N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292006 Chg-P CR2E034 (11/05)	
City & State LOXAHATCHEE FL		City & State LOXAHATCHEE FL		4. FEI Number 56-2358865	
Zip 33470		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DI. CRESCENZO, ANGELA 3170 N. FEDERAL HWY #103C LIGHTHOUSE, FL 33064			7. Name and Address of New Registered Agent Name 665 SE 10TH STREET #201 Deerfield Beach FL 33441		
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 Angela DiCrescenzo <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/30/2006	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MIELE, KORI 10155 WEST SUNRISE BLVD., #306 PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14913 71st Place N Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, AXEL 10155 WEST SUNRISE BLVD., #306 PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14913 71st Place N. Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Axel Davis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/30/2006 <small>Date Daytime Phone #</small>	