FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
FILED
DO NOT WRITE IN THIS SPACE
11 JUL 28 AM 11:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P04000014344

1. Entity Name
Korona Dry Wall Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
5024 Cove View Dr

Suite, Apt. #, etc.

City & State
St. Cloud FL

Zip | Country
34771 | Osceola

CR2E034B (11/08)

4. FEI Number
54-2141535
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carlos Medina

Street Address (P.O. Box Number is Not Acceptable)
5024 Cove View Dr

City: St. Cloud FL Zip Code: 34771

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

~~January 1 - May 1 Fee is $150.00~~
After May 1, Fee is $550.00
~~Amended AR is $61.25~~
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos Medina 5024 Cove View Dr St Cloud FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600210493606
07/28/11--01003--017 **550.00

DO NOT WRITE IN THIS SPACE

600210493606
07/28/11--01003--018 **35.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Medina Carlos Medina President 07/25/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 407 334-9170