


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90058 030 ***550.00

DOCUMENT # P04000158980
 1. Entity Name
 COREYGIL INDUSTRIES, INC.



Principal Place of Business Mailing Address
 1701 SOUTH FLAGLER DRIVE SUITE 303 WEST PALM BEACH FL 33401 US
 1701 SOUTH FLAGLER DRIVE SUITE 303 WEST PALM BEACH FL 33401 US



2. Principal Place of Business - No P.O. Box #
 118 DALENA WAY
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State PALM BEACH GARDENS, FLORIDA
 Zip 33418 Country USA

4. FEI Number 65-1238334 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSHKIND, ROBIN
 625 NORTH FLAGLER DRIVE
 SUITE 507
 WEST PALM BEACH FL 33401

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *[Signature]* 7/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROSHKIND, ROBIN 1701 SOUTH FLAGLER DRIVE, SUITE 303 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 118 DALENA WAY PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ROSHKIND, COREY 1701 SOUTH FLAGLER DRIVE, SUITE 303 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COREY ROSHKIND GIL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ROSHKIND, LINDSEY LINDSAY 1701 SOUTH FLAGLER DRIVE, SUITE 303 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDSAY
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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 Section 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: *[Signature]* ROBIN ROSHKIND 7/9/07 5617627030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #