

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Aug 04, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90019 029 \*\*\*150.00

<b>DOCUMENT # P07000094228</b>					
<b>1. Entity Name</b> KOMCOR ENTERPRISES, INC.					
<b>Principal Place of Business</b> 828 WEST INDIANTOWN RD STE 104 JUPITER, FL 33458 US			<b>Mailing Address</b> 828 WEST INDIANTOWN RD STE 104 JUPITER, FL 33458 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEE Number</b> 26-0753501	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KORKES, LAURIE 828 WEST INDIANTOWN RD STE 104 JUPITER, FL 33458		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b> SIGNATURE _____ DATE <u>7/2/08</u> <small>(Signature, typed or printed name of registered agent and whether applicable. (NOTE: Registered Agent signature required when remaining))</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P <b>NAME</b> TANEJA, JUGAL <b>STREET ADDRESS</b> 6911 BRYAN DAIRY ROAD, SUITE 210 <b>CITY-ST-ZIP</b> LARGO, FL 33777	<input type="checkbox"/> Delete				
<b>TITLE</b> CEO <b>NAME</b> TANEJA, MIHIR <b>STREET ADDRESS</b> 6911 BRYAN DAIRY ROAD, SUITE 210 <b>CITY-ST-ZIP</b> LARGO, FL 33777	<input type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> KORKES, ROB <b>STREET ADDRESS</b> 15821 73RD TERRACE NORTH <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> COMFORT, TED <b>STREET ADDRESS</b> 14171 LITTLE CYPRESS CIRCLE <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> COMFORT, MONIQUE <b>STREET ADDRESS</b> 14171 LITTLE CYPRESS CIRCLE <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b> SIGNATURE _____ DATE <u>7/2/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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