




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000068328 1. Entity Name KURO, INC.			
Principal Place of Business 6512 SUPERIOR AVENUE SARASOTA, FL 34231		Mailing Address 6512 SUPERIOR AVENUE SARASOTA, FL 34231	
DO NOT WRITE IN THIS SPACE			
		01092004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0558909	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
HR BYRD 6512 SUPERIOR AVENUE SARASOTA, FL 34231		DO NOT WRITE IN THIS SPACE	
7. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000112156 04/14/04-80011-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RABAU, RONALD 6512 SUPERIOR AVENUE SARASOTA, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RABAU, KURT 6512 SUPERIOR AVENUE SARASOTA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRD, HR 6512 SUPERIOR AVENUE SARASOTA, FL		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <input checked="" type="checkbox"/> 		x 4/7/04 (941) 921-5549	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	