2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 04, 2004 8:00 am DOCUMENT # P96000055767 **Secretary of State** 1. Entity Name 03-04-2004 90006 030 ***158.75 KORAIDO ASSOCIATES, INC. Principal Place of Business Mailing Address 4224 LONGSHORE WAY S NAPLES FL 34119 4224 LONGSHORE WAY S NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address CR2E034 (11/03) City & State 4. FEI Number Applied For 65-0677078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORAIDO, GERALD Street Address (P.O. Box Number is Not Acceptable) 4224 LONGSHORE WAY SOUTH NAPLES FL 34119 EYBRIDGE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE ☐ Delete TITLE ☐ Change ☐ Addition MAME KORAIDO, GERALD NAME STREET ADDRESS 4224LONGSHORE WAY SOUTH 4414 WEYBRIDGE STREET ADDRESS SARASOTA FLORIDA 34235 CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition KORAIDO, NANCY R NAME NAME 4414 WEYBRIDGE SARASOTA, FLORIDA 34235 STREET ADDRESS 4224 LONGSHORE WAY SOUTH STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP ☐ Delete ☐ Addition NAME -- -NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of surface from the componental 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 receiper 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.

FILED

(NEW PHONE #)

PRESIDENT