


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000048980</b> 1. Entity Name <b>D &amp; J KORIS INC.</b>	
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Principal Place of Business <b>169 EAST FLAGLER STREET STE 1118 MIAMI, FL 33131</b>	Mailing Address <b>169 EAST FLAGLER STREET STE 1118 MIAMI, FL 33131 US</b>
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0759889</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KAHN, DONALD J  
317 71ST ST.  
MIAMI BEACH, FL 33141**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**U00000158850  
05/10/04-80007-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KORIS, JARRI 1830-40 S. TREASURE DR. N. BAY VILLAGE, FL 331414129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KORIS, RAQUEL 1830-40 S. TREASURE DR. N. BAY VILLAGE, FL 331414129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SALTZBERG, OLGA 1830-40 S. TREASURE DR. N. BAY VILLAGE, FL 331414129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JUAREZ, MIRIAM 1830-40 S. TREASURE DR. N. BAY VILLAGE, FL 331414129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Jarric Koris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04  
Date

305 358 4466  
Daytime Phone #