2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000048980

1. Entity Name
D & J KORIS INC.

Principal Place of Business	Mailing Address
169 EAST FLAGLER STREET STE 1118 MIAMI, FL 33131	169 EAST FLAGLER STREET STE 1118 MIAMI, FL 33131 US

02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0759889
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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04/27/05-80054-006 150.00

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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: _____ 4/25/05 (305) 358 4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #