

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90184 016 ***150.00

DOCUMENT # P97000048980

1. Entity Name
D & J KORIS INC.



Principal Place of Business
**169 EAST FLAGLER STREET
STE 1118
MIAMI, FL 33131**

Mailing Address
**169 EAST FLAGLER STREET
STE 1118
MIAMI, FL 33131 US**



2. Principal Place of Business - No P.O. Box #
169 EAST FLAGLER STREET

3. Mailing Address
169 EAST FLAGLER STREET

Suite, Apt. #, etc.
STE 1620

Suite, Apt. #, etc.
STE 1620

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country
US

Zip
33131

Country
US

01122007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KORIS, JARRI
1830-40 S. TREASURE DR.
N. BAY VILLAGE, FL 331414129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
KORIS, RAQUEL
1830-40 S. TREASURE DR.
N. BAY VILLAGE, FL 331414129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SALTZBERG, OLGA
1830-40 S. TREASURE DR.
N. BAY VILLAGE, FL 331414129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
JUAREZ, MIRIAM
1830-40 S. TREASURE DR.
N. BAY VILLAGE, FL 331414129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KORIS, JARRI
5845 COLLINS AVENUE APT 206
MIAMI BEACH, FL 33140** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
KORIS, RAQUEL
5845 COLLINS AVENUE APT 206
MIAMI BEACH, FL 33140** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SALTZBERG, OLGA
5845 COLLINS AVENUE APT 206
MIAMI BEACH, FL 33140** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
JUAREZ, MIRIAM
5845 COLLINS AVENUE APT 206
MIAMI BEACH, FL 33140** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-07

(305)358-4466

Date

Daytime Phone #