2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004
Secretary of State

DOCUMENT# P98000083559

Entity Name: KORIEL REP INC.

Current Principal Place of Business:

1 SOUTH OCEAN BLVD #307
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1 SOUTH OCEAN BLVD #307
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0887597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANERS, GRAHAM S
1 SOUTH OCEAN BLVD #307
BOCA RATON, FL 33432

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MANERS, GRAHAM S
Address: 21530 MAHOE RD
City-St-Zip: BOCA RATON, FL 33433

Title: VD ( ) Delete
Name: ARLIN-MOUSSETTE, ANNE
Address: 2366 NW 30TH RD
City-St-Zip: BOCA RATON, FL 33431

Title: TSD ( ) Delete
Name: MANERS, CHRISTOPHER S
Address: 841 BUTTERNUT TERRACE
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: HEFLEY, MICHAEL
Address: 777 YAMATO RD, #510
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAHAM S. MANERS PD 08/30/2004

Electronic Signature of Signing Officer or Director — Date