


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90043 039 \*\*\*158.75

<b>DOCUMENT # P99000008842</b> 1. Entity Name <b>KORKUT INC.</b>					
Principal Place of Business <b>2100 PONCE DE LEON STE. 600 MIAMI, FL 33134</b>			Mailing Address <b>123 SE 3RD AVE. STE 105 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>2600 Douglas Road</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 1100</b>			
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>65-0890366</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GURIAN, JORGE 2100 PONCE DE LEON BLVD. SUITE 600 MIAMI, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>JORGE GURIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 DOUGLAS RD. SUITE 1100</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>		
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 <u>Jorge Gurian</u> <u>Jorge Gurian, Secretary</u> <u>4/27/07</u> <u>305.279.4101</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KORKUT, SABRI A 123 SE 3RD AVE., STE 105 MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GURIAN, JORGE 2100 PONCE DE LEON BLVD. - STE. 600 MIAMI, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GURIAN, JORGE 2600 Douglas Rd. Suite 1100 CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Jorge Gurian</u> <u>Jorge Gurian, Secretary</u> <u>4/27/07</u> <u>305.279.4101</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					