

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000008842

1. Entity Name
KORKUT INC.



Principal Place of Business
**2600 DOUGLAS RD STE 1100
CORAL GABLES, FL 33134**

Mailing Address
**123 SE 3RD AVE.
STE 105
MIAMI, FL 33131**



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0890366

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GURIAN, JORGE
2600 DOUGLAS RD STE 1100
CORAL GABLES, FL 33134**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KORKUT, SABRI A
STREET ADDRESS	123 SE 3RD AVE., STE 105
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	S
NAME	GURIAN, JORGE
STREET ADDRESS	2600 DOUGLAS RD STE 1100
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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05/21/08-80093-008 159.75

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

Jorge Gurian, Secretary **4/23/08 305.279.4101**

Date

Daytime Phone #