


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 232461</b>	
1. Entity Name <b>KRENWAL CORPORATION</b>	

Principal Place of Business <b>220 COLLINS AVE MIAMI BEACH 39, FL 33139</b>	Mailing Address <b>220 COLLINS AVE MIAMI BEACH 39, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2279704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**AUSHRA, JOHN  
220 COLLINS AVENUE  
SUITE 9A  
MIAMI BEACH, FL 33139**

**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 \_\_\_\_\_ (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

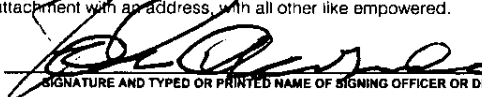
U00000860292  
04/02/08-80052-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPDS AUSHRA, JOHN 220 COLLINS AVENUE MIAMI, BE 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CALCOGNI, STEVE 220 COLLINS AVE 5B MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AUSRA, SIGITA 220 COLLINS AVE MIAMI BEACH, FL 33139
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**DO NOT WRITE  
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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:**  **John Aushra** **3/14/08** **305-531-1760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #