2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008
Secretary of State

DOCUMENT# 643731

Entity Name: KONSUL OFFICE PRODUCTS INCORPORATED

Current Principal Place of Business:

600 S ANDREWS AVE.
#600
FORT LAUDDRDALE, FL 33301 US

New Principal Place of Business:

600 S ANDREWS AVE.
#600
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

600 S ANDREWS AVE.
600
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-1994986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOTKIN, ROBERT
600 S ANDREWS AVE.
#600
FORT LAUDERDALE, FL 33301 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KATINA, HENRY
Address: 5151 COLLINS AVE #1427
City-St-Zip: MIAMI BEACH, FL 33140

Title: ST ( ) Delete
Name: KATINA,, MICHAEL D
Address: 600 S ANDREWS AVE., #600
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VPD ( ) Delete
Name: KATINA, JACQUELINE H
Address: 5151 COLLINS AVE #1427
City-St-Zip: MIAMI BEACH, FL 33140

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT J. SLOTKIN RA 05/08/2008

Electronic Signature of Signing Officer or Director Date