


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---|---|--|--|-------------------------------------|
| DOCUMENT # J00278 1. Entity Name KOENIG CORP. | | | |  | |
| Principal Place of Business 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029 | | | Mailing Address 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029 | | |
| 2. Principal Place of Business Suite, Apt #, etc. | | 3. Mailing Address Suite, Apt #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2660203 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KOENIG, PAUL 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | Applied For <input type="checkbox"/> Not Applicable | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST KOENIG, PAUL 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029 | <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 | VAS KOENIG, MICHAEL 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000366741 05/16/05-80004-018 150.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KOENIG, PAUL 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029 | <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 | D KOENIG, MICHAEL 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029 | <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 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ | | | Michael Koenig, Vice President | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 5/11/05 | | Daytime Phone # 954-436-9000 |



1st MOORE CR2E034 (10/04)