

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J00278</b> 1. Entity Name <b>KOENIG CORP.</b>	
---	---

Principal Place of Business <b>21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029</b>	Mailing Address <b>21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029</b>
--	--



2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

1st MOORE      CR2E034 (10/05)

City & State	City & State
--------------	--------------

4. FEI Number <b>59-2660203</b>	Applied For Not Applicable
------------------------------------	-------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>KOENIG, PAUL 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029</b>
---

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
---

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 FORSTATING) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---

10. OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> Delete KOENIG, PAUL
NAME	21011 JOHNSON ST STE 101
STREET ADDRESS	PEMBROKE PINES FL 33029
CITY - ST - ZIP	
TITLE	VAS <input type="checkbox"/> Delete KOENIG, MICHAEL
NAME	21011 JOHNSON ST STE 101
STREET ADDRESS	PEMBROKE PINES FL 33029
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete KOENIG, PAUL
NAME	21011 JOHNSON ST STE 101
STREET ADDRESS	PEMBROKE PINES FL 33029
CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete KOENIG, MICHAEL
NAME	21011 JOHNSON ST STE 101
STREET ADDRESS	PEMBROKE PINES FL 33029
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100000428936
STREET ADDRESS	02/21/06-80056-017 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **Michael Koenig, Vice President 2/6/06** 954-436-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #