2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 12, 2007 08:00 AN Secretary of State DOCUMENT # J00278 1. Entity Name KOENIG CORP. Principal Place of Business Mailing Address 21011 JOHNSON ST 21011 JOHNSON ST **STE 101 STE 101** PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suito, Apt. #. etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-2660203 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KOENIG, PAUL Street Address (P.O. Box Number is Not Acceptable) 21011 JOHNSON ST STE 101 PEMBROKE PINES FL 33029 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS:\$150.00 % 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE ☐ Delete TITLE Change ■ Addition KOENIG, PAUL NAME 21011 JOHNSON ST STE 101 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY ST-ZIP U00000631732 VAS 02/20/07-80059-00th change. Diby Addition Delete THE IIILE KOENIG, MICHAEL NAME NAME 21011 JOHNSON ST STE 101 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY-ST-ZIP ח DILE ■ Addition ☐ Delete ☐ Change KOENIG, PAUL NAME NAME 21011 JOHNSON ST STE 101 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-7IP CITY-ST-ZIP IIILE Delete TITLE ☐ Change Addition KOENIG, MICHAEL NAME NAME 21011 JOHNSON ST STE 101 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33029 CJIY-ST-ZIP CITY-SI-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP HILE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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 Statutos. 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 eath; 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 withjan address, with all other like empowered.