

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000003318

Entity Name: KNIGHTS EXPERIMENTAL ROCKETRY INC**Current Principal Place of Business:**12760 PEGASUS DR
BLDG 40 ROOM 307
ORLANDO, FL 32816**Current Mailing Address:**12760 PEGASUS DR
BLDG 40 ROOM 307
ORLANDO, FL 32816 US**FEI Number:** 93-2302415**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ, CAMILA E
12440 GOLDEN KNIGHT CIR APT 13-201-A
ORLANDO, FL 32817 US*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**Officer/Director Detail :**

Title	P
Name	PEREIRA, EMILO
Address	4290 WEST PLAZA DR TOWER II APT 117A
City-State-Zip:	ORLANDO FL 32816

Title	S
Name	CARIDE, CHRISTINA
Address	4155 URSA MINOR ST
City-State-Zip:	ORLANDO FL 32816

Title	D
Name	FODOR, VERA
Address	8566 SIDON ST
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	MICHNOFF, NATHANIEL
Address	807 CULPER DR S SETAUKET
City-State-Zip:	PORT JEFFERSON STATION NY 11720

Title	V
Name	KEENE, SAMANTHA
Address	1560 SHERBROOK DRIVE
City-State-Zip:	CLERMONT FL 34711

Title	T
Name	MARTINEZ, CAMILA
Address	875 SAN REMO DR
City-State-Zip:	WESTON FL 33326

Title	D
Name	WADE, SUBHAN
Address	4167 MENSA LANE APT 605A
City-State-Zip:	ORLANDO FL 32816

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAMILA MARTINEZ**TRESURER****03/07/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date