

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J00278

**FILED  
Feb 04, 2019  
Secretary of State  
9859655227CC**

**Entity Name:** KOENIG CORP.

**Current Principal Place of Business:**

21011 JOHNSON ST  
STE 101  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

21011 JOHNSON ST  
STE 101  
PEMBROKE PINES, FL 33029

**FEI Number:** 59-2660203

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOENIG, PAUL  
21011 JOHNSON ST  
STE 101  
PEMBROKE PINES, FL 33029 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 PST  
Name KOENIG, PAUL  
Address 21011 JOHNSON ST STE 101  
City-State-Zip: PEMBROKE PINES FL 33029

Title VAS  
Name KOENIG, MICHAEL  
Address 21011 JOHNSON ST STE 101  
City-State-Zip: PEMBROKE PINES FL 33029

Title PRESIDENT  
Name KOENIG, PAUL  
Address 21011 JOHNSON ST STE 101  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name KOENIG, MICHAEL  
Address 21011 JOHNSON ST STE 101  
City-State-Zip: PEMBROKE PINES FL 33029

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

**SIGNATURE:** PAUL KOENIG

**REGISTERED AGENT**

**02/04/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date