2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 377584

1. Entity Name
KNOB HILL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1740 N.W. AVENIDA DEL SOL BOCA RATON FL., 33432	225 NE MIZNER BLVD STE 150 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1325734

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, MARICELA A
% BANK ONE
225 NE MIZNER BLVD STE 150
BOCA RATON, FL 33432

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILANI, DEAN JR.
STREET ADDRESS	19555 EDWARDS RD
CITY-ST-ZIP	ANTIOCH, IL 60002
TITLE	D
NAME	FAULKNER, STEVEN L
STREET ADDRESS	P.O. BOX 710212
CITY-ST-ZIP	COLUMBUS, OH 432710212
TITLE	P
NAME	RAMOS, MARICELA A
STREET ADDRESS	225 NE MIZNER BLVD STE 150
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/04-80024-007 158.75

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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: MRR 3-15-04 561-620-2304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #