

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90026 005 ***150.00

DOCUMENT # 614384

1. Entity Name
KNW CORP.



Principal Place of Business

**150 CANTERBURY LANE
PALM BEACH, FL 33480 US**

Mailing Address

**150 CANTERBURY LANE
PALM BEACH, FL 33480 US**

2. Principal Place of Business - No P.O. Box #

**150 Bradley Place
Suite, Apt. #, etc.
Alba Suite**

3. Mailing Address

**150 Bradley Place
Suite, Apt. #, etc.
Alba Suite**

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

03262008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1899169

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOLOFSKY, MOIRA
150 CANTERBURY LANE
PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**150 Bradley Place
Alba Suite**

City

Palm Beach, FL

Zip Code

33480

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WOLOFSKY, MOIRA**
STREET ADDRESS **150 CANTERBURY LANE**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **150 Bradley Place, Alba Suite**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Chapter 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/08 561-835-1117