
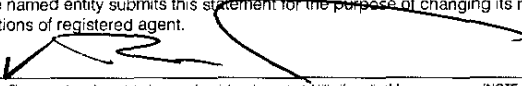



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90982 045 ***150.00

DOCUMENT # 643731 1. Entity Name KONSUL OFFICE PRODUCTS INCORPORATED					
Principal Place of Business 5722 S FLAMINGO RD. SUITE 223 COOPER CITY, FL 33330 US			Mailing Address 5722 S FLAMINGO RD SUITE 223 COOPER CITY, FL 33330 US		
2. Principal Place of Business Suite, Apt. #, etc. 666 71 STREET			3. Mailing Address Suite, Apt. #, etc. 666 71 STREET		
City & State MIAMI BEACH FL		City & State MIAMI BEACH, FL		4. FEI Number 59-1994986	
Zip 33141		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBBIE CARTER 5722 S. FLAMINGO RD # 223 COOPER CITY, FL 33330				7. Name and Address of New Registered Agent Name ROBERT SLOTHIN Street Address (P.O. Box Number is Not Acceptable) 2101 N. ANDREWS AVE. # 400 City WILTON MANORS FL Zip Code 33511	
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 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATINA, HENRY 326 71ST ST. MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. KATINA, HENRY c/o R. SLOTHIN 2101 N. ANDREWS AVE. # 400 WILTON MANORS, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KATINA, MICHAEL D. 300 71ST STREET STE 600 MIAMI BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.F. KATINA, MICHAEL D. c/o R. SLOTHIN 2101 N. ANDREWS AVE. # 400 WILTON MANORS, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  HENRY KATINA Date APR. 23, 2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

24055456



04222004 Chg-P CR2E034 (10/03)