

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90067 050 ***150.00

DOCUMENT # 643731

1. Entity Name

KONSUL OFFICE PRODUCTS INCORPORATED



Principal Place of Business

**666 71 ST.
MIAMI BEACH, FL 33141 US**

Mailing Address

**666 71 ST.
MIAMI BEACH, FL 33141 US**



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1994986

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLOTKIN, ROBERT
2101 N ANDREWS AVE.
#450
WILTON MANORS, FL 33-3311**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	KATINA, HENRY
STREET ADDRESS	2101 N ANDREWS AVE., #400
CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	ST
NAME	KATINA, MICHAEL D.
STREET ADDRESS	2101 N ANDREWS AVE., #400
CITY-ST-ZIP	WILTON MANORS, FL 33311
TITLE	VP/D
NAME	JACQUELINE HEDVA KATINA
STREET ADDRESS	5151 COLLINS AVE. #1427
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY KATINA

Date

Daytime Phone #

Pres. 02/23/05 (305) 866-9694