

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 705869

1. Entity Name
KNIGHTS OF THE ROUND TABLE, INC.



Principal Place of Business
**5727 N FEDERAL HWY
SUITE 292
FORT LAUDERDALE, FL 33308 US**

Mailing Address
**2450 NE 51ST STREET
APT 11
FORT LAUDERDALE, FL 33308 US**



03042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1059249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BONUSO, FRANK N
2450 NE 51ST STREET
11
FORT LAUDERDALE, FL 33308**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CALIENDO, SAM ESQ.
STREET ADDRESS	1430 S. FEDERAL HIGHWAY, STE. 302
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	PD
NAME	ROWLAND, ED
STREET ADDRESS	2920 PORT ROYALE LANE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308

TITLE	T
NAME	BONUSO, FRANK N
STREET ADDRESS	2450 NE 51ST ST, # 11
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	VD
NAME	ISALY, ROBERT
STREET ADDRESS	1523 E. HILLSBORO BLVD, #931
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/07-80067-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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

Date

Daytime Phone #

3/12/07 (954)651-7277