


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000050069 1. Entity Name KWIAT MARKETING ASSOCIATES CORP.	
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Principal Place of Business 10185 COLLINS AVENUE SUITE 808 BAL HARBOUR, FL 33154	Mailing Address 10185 COLLINS AVENUE SUITE 808 BAL HARBOUR, FL 33154
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KWIAT, DAVID
10185 COLLINS AVE #808
BAL HARBOUR, FL 33154

**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

DAVID KWIAT
PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE 1/6/04

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	PD
NAME	KWIAT, DAVID
STREET ADDRESS	10185 COLLINS AVE #808
CITY - ST - ZIP	BAL HARBOUR, FL 33154
TITLE	VD
NAME	KWIAT, HANNAH
STREET ADDRESS	10185 COLLINS AVE #808
CITY - ST - ZIP	BAL HARBOUR, FL 33154
TITLE	TD
NAME	KWIAT, RUSSELL
STREET ADDRESS	10185 COLLINS AVE #808
CITY - ST - ZIP	BAL HARBOUR, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/12/04-80019-024 150.00

**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)(f), 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

DAVID KWIAT, PRESIDENT

Date

Daytime Phone #

1/6/04

305 868 4819