

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000050069

1. Entity Name

KWIAT MARKETING ASSOCIATES CORP.



Principal Place of Business

10185 COLLINS AVENUE  
SUITE 808  
BAL HARBOUR, FL 33154

Mailing Address

10185 COLLINS AVENUE  
SUITE 808  
BAL HARBOUR, FL 33154



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1010826

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KWIAT, DAVID  
10185 COLLINS AVE #808  
BAR 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000385442  
01/18/06-80017-008 150.00

**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 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:

*David Kwiat*  
DAVID KWIAT - President

1/10/06 305 868 4819  
Date Daytime Phone #