

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 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**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1010826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2007 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

U000000578088
01/09/07-80016-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID KWIAT

1/4/07

305 868 4819