

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051661

Entity Name: KNISHES FLORIDA, INC.

FILED  
Feb 16, 2010  
Secretary of State

**Current Principal Place of Business:**

2900 WEST SAMPLE ROAD, #FF170  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

2900 WEST SAMPLE ROAD, #FF170  
POMPANO BEACH, FL 33073

**New Mailing Address:**

FEI Number: 59-3655182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSKOWTIZ, MICHAEL W ESQ.  
800 CORPORATE DRIVE  
SUITE 510  
FORT LAUDERDALE, FL 33334 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MOSKOWITZ, WENDY  
Address: 2900 WEST SAMPLE ROAD, #FF170  
City-St-Zip: POMPANO BEACH, FL 33073

Title: D  
Name: NOE, GIDEON  
Address: 2900 WEST SAMPLE ROAD, #FF170  
City-St-Zip: POMPANO BEACH, FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GIDEON NOE

PRES

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date