


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90025 036 \*\*\*150.00

**DOCUMENT # P01000031595**

1. Entity Name  
**KAPPA RESEARCH, INC.**



Principal Place of Business  
 9300 S.W. 106TH STREET  
 MIAMI, FL 33176

Mailing Address  
 9300 S.W. 106TH STREET  
 MIAMI, FL 33176

**44028515**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1106482**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PATHMAN, RONALD C ESQ. (DECEASED)**  
 8900 S.W. 107TH AVENUE  
 SUITE 206  
 MIAMI, FL 33176

7. Name and Address of New Registered Agent  
 Name **DR. PETER J. Knieck**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9300 S.W. 106th STREET**  
 City **Miami** FL Zip Code **33176**

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 *Dr. Peter J. Knieck* DATE **04/08/04**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD KMEICK, PETER J 9300 S.W. 106TH STREET MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dr. Peter J. Knieck* DATE **04/08/04** DAYTIME PHONE # **(786)-512-8971**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR