

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000033099**  
 1. Entity Name  
 CIRCLE OF KNOWLEDGE, INC.

Principal Place of Business  
 15251 N.W. 88TH AVE.  
 MIAMI, FL 33018

Mailing Address  
 15251 N.W. 88TH AVE.  
 MIAMI, FL 33018



04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-1098896 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CABRERA, LOURDES R  
 6785 NW 169 ST #D  
 MIAMI, FL 33015

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**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	DP CABRERA, LOURDES R 6785 NW 169 ST #D MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CABRERA, RICARDO R 6785 NW 169 ST #D MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BETANCES, LOURDES 6785 NW 169 ST #D MIAMI, FL 33015
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000000128879  
 04/26/04-80057-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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: Lourdes R. Cabrera 4/22/04 305-450-3747  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #