

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90151 048 ***150.00

DOCUMENT # P02000026845

1. Entity Name
KNOWLEDGE ENTERPRISES, INC.



Principal Place of Business
**200 S. BIRCH RD.
401
FORT LAUDERDALE, FL 33316**

Mailing Address
**200 S. BIRCH RD.
401
FORT LAUDERDALE, FL 33316**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0626713

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

**JOSEPH K. NOFIL PA
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**

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, 2008, 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
**PTD
GRASSI, JORGE
200 S. BIRCH RD. 401
FORT LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
GRAVINA, CARLA
200 S. BIRCH RD.
FORT LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 #