
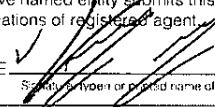
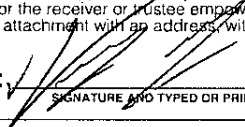


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90060 049 ***150.00

DOCUMENT # P02000088502 1. Entity Name KONIG CORPORATION																																					
Principal Place of Business 680 NE 64TH ST STE 407 MIAMI, FL 33138			Mailing Address 680 NE 64TH ST STE 407 MIAMI, FL 33138																																		
2. Principal Place of Business 2020 NE 135 St Suite, Apt. #, etc. # 603		3. Mailing Address Same Suite, Apt. #, etc.																																			
City & State MIAMI		City & State																																			
Zip 33181		Country		Zip Country																																	
4. FEI Number 52-2374081																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent BRAVO ACCOUNTING SERVICES INC 680 NE 64TH ST. #407 MIAMI, FL 33138			7. Name and Address of New Registered Agent Name Carlos Konig Street Address (P.O. Box Number is Not Acceptable) 2020 NE 135 St # 603 City MIAMI FL Zip Code 33181																																		
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  DATE 3/16/04 <small>Signature of person or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when registering)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P KONIG, CARLOS S 680 NE 64TH ST APT 407 MIAMI, FL 33138 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KONIG, CARLOS S 680 NE 64TH ST APT 407 MIAMI, FL 33138 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2020 NE 135 Street #603 Miami 33181 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2020 NE 135 Street #603 Miami 33181														
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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: 			Date 3/16/04 Daytime Phone # 305-945-0815																																		