

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-27-2005 90299 004 ***150.00

DOCUMENT # P03000057321

1. Entity Name
H.K. CONSULTING, INC.



Principal Place of Business
215 W 49 ST
HIALEAH, FL 33012

Mailing Address
215 W 49 ST
HIALEAH, FL 33012

66022657



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222005

Chg-P

CR2E034 (10/03)

4. FEI Number

11-3690336 01112 4 2

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, IRMA V
215 W 49 ST
HIALEAH, FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KLEMM, HANS-JUERGEN R
215 W 49 ST
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 no 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 #

June 8th 2005
April 24th 2005

ATTACHMENT 66022657
P03000057321Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested EUROPEAN TABLE ART, INC.		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
4a Mailing address (room, apt., suite no. and street, or P.O. box) 215 W. 49TH ST.		5a Street address (if different) (Do not enter a P.O. box.) 215 W. 49TH ST.
4b City, state, and ZIP code HIALEAH FL 33012		5b City, state, and ZIP code HIALEAH, FL 33012
6 County and state where principal business is located MIAMI-DADE, FL		
7a Name of principal officer, general partner, grantor, owner, or trustor HANS-JUERGEN R. KLEMM		7b SSN, ITIN, or EIN 591-75-6693
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____		
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ WHOLESALE AGENT/RETAIL <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
10 Date business started or acquired (month, day, year) 06/08/2005		11 Closing month of accounting year DECEMBER
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." ▶		Agricultural Household Other 1
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) RETAIL <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. INTERIOR DECORATING FURNITURE AND ACCESSORIES		
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ H.K. CONSULTING, INC. Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN MAY 2003 MIAMI FLORIDA 11 3690336		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **HANS-JUERGEN R. KLEMM**

Signature ▶

Date ▶

June 7, 05

Applicant's telephone number (include area code)

(**305**) **557-4304**

Applicant's fax number (include area code)

(**305**) **821-78476**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)

ATTACHMENT

66029657
P08000057321

FTD ADDRESS CHANGE

An address change here changes your
address on the FTD coupons only.

TEAR OFF HERE

New
Address _____

City _____
State _____ Zip _____
Telephone Number () _____

Do not write beyond this line

Form 8109-C (Rev. 12-2002)

Employer Identification Number (EIN)

11-3690336 011112 4 2

OMB No. 1545-0257

H K CONSULTING INC
2 IRMA HERNANDEZ
215 W 49TH ST
HIALEAH FL 33012-3713

19

INTERNAL REVENUE SERVICE CENTER
HOLTSVILLE, NY 00503

Send FTD Address Change and correspondence to the IRS address above.