

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90251 033 \*\*\*150.00

DOCUMENT # P04000001001

1. Entity Name  
NATALIA KORNIENKO, P.A.



Principal Place of Business Mailing Address  
1828 SE 6TH ST. 1828 SE 6TH ST.  
CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US

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2. Principal Place of Business 3. Mailing Address  
**1905 SE 26TH TERRACE 1905 SE 26TH TERRACE**

Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-P CR2E034 (11/05)

City & State City & State 4. FEI Number Applied For  
**CAPE CORAL FL CAPE CORAL FL** 20-0576161 Not Applicable  
Zip Country Zip Country 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  
KORNIENKO, NATASHA Name  
1828 SE 6TH ST. **1905 SE 26TH TERRACE** Street Address (P.O. Box Number is Not Acceptable)  
CAPE CORAL, FL 33990  
**33904** City 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-statuting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00** 9. Election Campaign Financing \$5.00 May Be  
**After May 1, 2006 Fee will be \$550.00** Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORNIENKO, NATASHA		NAME		
STREET ADDRESS	1828 SE 6TH ST.		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33990		CITY- ST- ZIP		
TITLE	C,P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORNIENKO, NATASHA		NAME		
STREET ADDRESS	1828 SE 6TH ST.		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33990		CITY- ST- ZIP		
TITLE	T,S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORNIENKO, NATASHA		NAME		
STREET ADDRESS	1828 SE 6TH ST.		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33990		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR