

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120521

Entity Name: KNO LIMIT, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

PO BOX 358172  
GAINESVILLE, FL 326358172

## New Principal Place of Business:

5400 NW 39 AVE.  
APT. T-170  
GAINESVILLE, FL 32606 US

## Current Mailing Address:

PO BOX 358172  
GAINESVILLE, FL 326358172

## New Mailing Address:

PO BOX 358172  
GAINESVILLE, FL 326358172 US

FEI Number: 20-1531817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, ALICIA  
7250 SW 99TH STREET  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ORTIZ, KRISTI  
Address: PO BOX 358172  
City-St-Zip: GAINESVILLE, FL 326358172

Title: D ( ) Delete  
Name: ORTIZ, ALICIA  
Address: 7250 S.W. 99TH STREET  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTI ORTIZ

D

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date