


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90001 037 \*\*\*158.75

<b>DOCUMENT # P05000024526</b> 1. Entity Name <b>K-NENE'S PLACE, INC.</b>					
Principal Place of Business <b>10204 SW 183RD STREET MIAMI, FL 33157</b>			Mailing Address <b>10204 SW 183RD STREET MIAMI, FL 33157</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>270103 954</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TOUSSAINT, WINER PIERRE 11010 SW 153RD STREET MIAMI, FL 33157</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOUSSAINT, WINER PIERRE 10204 SW 183RD STREET MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TOUSSAINT, KATHY PIERRE 10204 SW 183RD STREET MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <i>Winer Pierre Toussaint</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>8-9-06</b> Date	
Daytime Phone #				Daytime Phone #	

40101462



## Division of Corporations

## Annual Report

Annual Report Help

Document Number  
**P05000024526**  
Business-Entity Name  
**K-NENE'S PLACE, INC.**

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 270103954

FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes No		

## Principal Place of Business

Address 10204 SW 183RD STREET  
Suite, Apt. #, etc.  
City, State MIAMI FL  
Zip Code & Country 33157

## Mailing Address

Address 10204 SW 183RD STREET  
Suite, Apt. #, etc.  
City, State MIAMI FL  
Zip Code & Country 33157

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) TOUSSAINT WINER PIERRE

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 11010 SW 153RD STREET

Suite, Apt. #, etc.  
City, State MIAMI FL  
Zip Code & Country

33157 US

40101462  
#P05000024526

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PD

Name (Last, First, Middle, Title)

TOUSSAINT

WINER PIERRE

- OR -

Entity Name to serve as  
Officer/Director

Street Address

10204 SW 183RD STREET

City, State

MIAMI

FL

Zip Code &amp; Country

33157

Title

VD

Name (Last, First, Middle, Title)

TOUSSAINT

KATHY PIERRE

- OR -

Entity Name to serve as  
Officer/Director

Street Address

10204 SW 183RD STREET

City, State

MIAMI

FL

Zip Code &amp; Country

33157

Title

owner

Name (Last, First, Middle, Title)

Pierre-Toussaint Winer

- OR -

Entity Name to serve as  
Officer/Director

Pierre-Toussaint Kathy

Street Address

City, State