

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90035 027 ***150.00

DOCUMENT # P05000041882																																																																																											
1. Entity Name KNOW QUARTER, INC.																																																																																											
Principal Place of Business 3389 SHERIDAN ST, #215 HOLLYWOOD, FL 33021			Mailing Address 3389 SHERIDAN ST, #215 HOLLYWOOD, FL 33021																																																																																								
2. Principal Place of Business - No P.O. Box # 2201 N 37 AVE		3. Mailing Address 2201 N 37 AVE																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																									
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 20-2431446																																																																																							
Zip 33021		Country USA		Applied For <input type="checkbox"/> Not Applicable																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																									
6. Name and Address of Current Registered Agent VICTORES, MIGUEL 3389 SHERIDAN ST, #215 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name MIGUEL VICTORES</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 2201 N 37 AVE</td> </tr> <tr> <td style="padding: 2px;">City HOLLYWOOD</td> <td style="padding: 2px;">FL Zip Code 33021</td> </tr> </table>			Name MIGUEL VICTORES		Street Address (P.O. Box Number is Not Acceptable) 2201 N 37 AVE		City HOLLYWOOD	FL Zip Code 33021																																																																																
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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 _____																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																									
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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: <u>Miguel VIKTORES</u>				3/9/07 954-817-7935																																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																																																																																							