

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90060 008 ***150.00

DOCUMENT # P05000044834					
1. Entity Name KONNEN, INC.					
Principal Place of Business 4615 NW 72ND AVE STE 111 MIAMI, FL 33166			Mailing Address 4615 NW 72ND AVE STE 111 MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 10825 NW 29 ST		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Doral FL		City & State		4. FEI Number 20-2568992	
Zip 33172		Country Doral		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JARAMILLO, MARIO 4615 NW 72ND AVE STE 111 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name: 10825 NW 29 ST Street Address (P.O. Box Number is Not Acceptable) Doral City: Doral FL Zip Code: 33172		
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: <i>[Signature]</i> DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	JARAMILLO, MARIO		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4615 NW 72ND AVE	MIAMI, FL 33166		<input type="checkbox"/> Delete	10825 NW 29 ST Doral, FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP MIAMI, FL 33166	MIAMI, FL 33166		<input type="checkbox"/> Delete	ANA CRISTINA MARTINEZ 10825 NW 29 ST Doral FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	BOGOTA, KONNE LTDA		<input type="checkbox"/> Delete	10825 NW 29 ST Doral FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4615 NW 72ND AVE, STE 110	MIAMI, FL 33166		<input type="checkbox"/> Delete	10825 NW 29 ST Doral FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP MIAMI, FL 33166	MIAMI, FL 33166		<input type="checkbox"/> Delete	10825 NW 29 ST Doral FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	MIAMI, FL 33166		<input type="checkbox"/> Delete	10825 NW 29 ST Doral FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MIAMI, FL 33166	MIAMI, FL 33166		<input type="checkbox"/> Delete	10825 NW 29 ST Doral FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP MIAMI, FL 33166	MIAMI, FL 33166		<input type="checkbox"/> Delete	10825 NW 29 ST Doral FL 33172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____					