
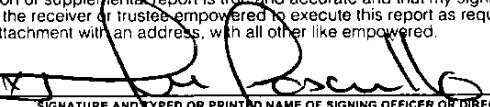


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90073 005 ***150.00

DOCUMENT # P05000044834			
1. Entity Name KONNEN, INC.		Principal Place of Business 10825 N.W. 29 ST DORAL, FL 33172	
Mailing Address 10825 N.W. 29 ST DORAL, FL 33172		2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.		City & State	
City & State	City & State	4. FEI Number 20-2568992	Applied For Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JARAMILLO, MARIO 10825 N.W. 29 ST DORAL, FL 33172		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		02042008 Chg-P CR2E034 (12/06)	
Name		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.	
Street Address (P.O. Box Number is Not Acceptable)		SIGNATURE _____ DATE _____	
City		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
FL Zip Code		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	JARAMILLO, MARIO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10825 N.W. 29 ST	NAME	
CITY-ST-ZIP	DORAL, FL 33172	STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	
NAME	MARTINEZ, ANA CRISTINA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10825 N.W. 29 ST	NAME	
CITY-ST-ZIP	DORAL, FL 33172	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
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: 02-05-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	