

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000117318

Entity Name: KNOWLEDGE MASTER CORP

FILED  
Mar 29, 2006  
Secretary of State

## Current Principal Place of Business:

8635 NW 3 LANE  
5  
MIAMI, FL 33126

## New Principal Place of Business:

6126 SW 127 PL  
MIAMI, FL 33183

## Current Mailing Address:

8635 NW 3 LANE  
5  
MIAMI, FL 33126

## New Mailing Address:

6126 SW 127 PL  
MIAMI, FL 33183

FEI Number: 13-4313926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROMEUE, PATRICIA  
8635 NW 3 LANE  
5  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

ROMEUE, PATRICIA  
473 FALCON AVE  
MIAMI SPRINGS, FL 33166 US

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: PATRICIA ROMEUE

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROMEUE, PATRICIA  
Address: 8635 NW 3 LANE # 5  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: HERNANDEZ FORTE, FIDEL V  
Address: 8635 NW 3 LANE # 5  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: GOVI, MAURA  
Address: 8635 NW 3 LANE # 5  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ROMEUE, PATRICIA  
Address: 473 FALCON AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D (X) Change ( ) Addition  
Name: HERNANDEZ FORTE, FIDEL V  
Address: 473 FALCON AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D (X) Change ( ) Addition  
Name: GOVI, MAURA  
Address: 473 FALCON AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PATRICIA ROMEUE

D

03/29/2006

Electronic Signature of Signing Officer or Director

Date