

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90028 041 ***158.75

DOCUMENT # P06000014571

1. Entity Name
WMC KONIOR INC.



Principal Place of Business
1245 SEAVIEW
NORTH LAUDERDALE, FL 33068

Mailing Address
1245 SEAVIEW
NORTH LAUDERDALE, FL 33068

2. Principal Place of Business - No P.O. Box #
1245 SEAVIEW
Suite, Apt. #, etc.

3. Mailing Address
1245 SEA VIEW
Suite, Apt. #, etc.

City & State
NORTH LAUDERDALE FL
Zip 33068 Country USA

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NORTH LAUDERDALE
Zip 33068 Country USA

02022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4229906
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KONIOR, WOJCIECH
1245 SEAVIEW
NORTH LAUDERDALE, FL 33068

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *Wojciech Konior*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02-3-07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KONIOR, WOJCIECH ☐ Delete
STREET ADDRESS 1245 SEAVIEW
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Wojciech Konior*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-07 (754)366-1944
Date Daytime Phone #