


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000077105	
1. Entity Name PETER KNESKI, P.A.	

Principal Place of Business 19 WEST FLAGLER STREET BISCAYNE BUILDING, SUITE 807 MIAMI, FL 33130	Mailing Address 19 WEST FLAGLER STREET BISCAYNE BUILDING, SUITE 807 MIAMI, FL 33130
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02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0681467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KNESKI, PETER 19 WEST FLAGLER STREET BISCAYNE BUILDING, SUITE 807 MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNESKI, PETER 19 WEST FLAGLER STREET SUITE 807 MIAMI, FL 33130
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03/01/06-80026-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR