## 2005 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** May 02, 2005 08:00 AM Secretary of State DOCUMENT # P95000061526 KNECHT, KNECHT & ASSOCIATES, P.A. Principal Place of Business Mailing Address 3211 PONE DE LEON BLVD 3211 PONE DE LEON BLVD SUITE 302 SUITE 302 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US CR2E034 (10/03) 01102005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0604044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KNECHT, HAROLD C JR 3211 PONE DE LEON BLVD **SUITE 302** IN THIS SPACE CORAL GABLES, FL 33134 8. The above named entity Jubinits this elegment 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) 9. Election Campaign Financing \$5.00 May Be FILÉ NOWIII FEE 18, \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS mre KNECHT, STEPHEN NAME STREET ADDRESS 3211 PONCE DE LEON BLVD., STE 302 CITY-ST-71P CORAL GABLES, FL 33134 U00000352018 05/03/05-80010-019 150.00 TILE KNECHT, HAROLD C JR. STREET ADDRESS 3211 PONCE DE LEON BLVD. CITY-ST-ZIP CORAL GABLES, FL 33134 $m_E$ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 of the corporation or the receiver of trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TIFLE. NAME STREET ADDRESS CITY-ST-ZIP

4129/05 305 444-0237