2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P95000082616

FILED
Jan 23, 2006 8:00 am
Secretary of State
01-23-2006 90053 035 ***150.00

1. Entity Nam	. KUHNBERG, INC.								
Principal Plac	e of Business	I	60005392						
	DAKLAND PARK BLVD	7481 WEST OAKLAND PARK BLVD							
201 Lauderhill, Fl 33319 Lauderhill, Fl 33319			9		 	I ABITI BIIN BBIII BBIN BBIII	 8811 111 18 111	 2015 4 2011	11 1 1 1 1 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006 Chg-P CR2E034 (11/05)					
City & State		City & State		4. FEI Number Applied For 65-0616288 Not Applicab					
Zip	Country Zip		Country		5. Certificate of Status Desired See Required Fee Required			tional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
KIIHNBED	C MICHAEL DRES	Name							
:KUHNBERG, MICHAEL PRES. 7481 W OAKLAND PK BLVD 201 FORT LAUDERDALE, FL` 33317				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND D	DIRECTORS	IN 11
TITLE	Р	☐ Delete	TITLI	1				Change	Addition .
NAME STREET ADDRESS	KUHNBERG, MICHAEL 8653 NW 61ST ST		NAM STRE	E Et adoress					}
CITY-ST-ZIP	TAMARAC, FL 33321			-ST-ZIP					_
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NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-SI-ZIP				-ST-ZIP					
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CITY-ST-ZIP			-	- ST- ZIP				<u> </u>	<u></u>
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NAME			NAM						
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS - ST- ZIP		-			
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, v	true and accurate and that nowered to execute this report	ny signa as requi	ture shall have the :	same legal effec	et as if made under o	ath; that I an	n an officer	or director

SIGNATURE: __\M

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1120/05