

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90010 025 ***158.75

DOCUMENT # P96000027662	
1. Entity Name K.SIERAKOWSKI, INC.	

Principal Place of Business 2953 SW 22ND CIRCLE #25C DELRAY BEACH FL 33445	Mailing Address 2953 SW 22ND CIRCLE #25C DELRAY BEACH FL 33445
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2. Principal Place of Business - No P.O. Box # 5516 PAISCILLA LN	3. Mailing Address 5516 PAISCILLA LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL
Zip 33463	Country USA

4. FEI Number 65-0654419	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAWRON, MARY 19321 C US HWY. 19 N STE. 601 CLEARWATER FL 33764	
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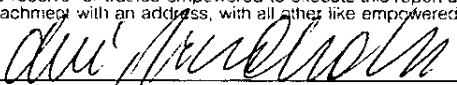
7. Name and Address of New Registered Agent Name SIERAKOWSKI, CHRIS Street Address (P.O. Box Number is Not Acceptable) 5516 PAISCILLA LN City LAKE WORTH FL Zip Code 33463	
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8. The above named entity submits this statement for the purpose of changing 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  SIERAKOWSKI	DATE 4.4.08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIERAKOWSKI, CHRIS 2953 SW 22ND CIR #256 DELRAY BEACH FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIERAKOWSKI, CHRIS 5516 PAISCILLA LN LAKE WORTH FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  SIERAKOWSKI	DATE 4.4.08