2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040769

Entity Name: KOENIG INTERNATIONAL TRADING CORPORATION

FILED Jul 18, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

6884 SW 88 ST. 7790 SW 102 LANE C 104 MIAMI, FL 33156 US

MIAMI, FL 33156 US

Current Mailing Address: New Mailing Address:

6884 SW 88 ST. 7790 SW 102 LANE C 104 MIAMI, FL 33156 US

FEI Number: 65-0683419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, SAMUEL
6884 SW 88 ST.
7790 SW 102 LANE
C-104
MIAMI, FL 33156 US

DIAZ, SAMUEL
7790 SW 102 LANE
MIAMI, FL 33156 US

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.

SIGNATURE: WALLY DIAZ 07/18/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 DIAZ, WALLY
 Name:
 DIAZ, WALLY

 Address:
 6884 SW 88 STREET C-104
 Address:
 7790 SW 102 LANE

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33156

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 DIAZ, SAMUEL
 Name:
 DIAZ, SAMUEL

 Address:
 6884 SW 99 STREET C-104
 Address:
 7790 SW 102 LANE

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLY DIAZ PD 07/18/2005