

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90187 016 \*\*\*150.00

<b>DOCUMENT # P98000067733</b>	
1. Entity Name KNARF 3175, INC.	



Principal Place of Business 5455 N. FEDERAL HWY SUITE I BOCA RATON, FL 33487	Mailing Address 5455 N. FEDERAL HWY SUITE I BOCA RATON, FL 33487
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40070111



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04212006 Chg-P. CR2E034 (11/05)

4. FEI Number 65-0855557	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUBIN, FRANK L 5455 N. FEDERAL HWY SUITE I BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name <b>Fairman &amp; Associates</b> Street Address (P.O. Box Number is Not Acceptable) <b>4281 NW 1st Avenue</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>	
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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	DATE <b>4/25/06</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES RUBIN, FRANK L 5455 N. FEDERAL HWY, SUITE I BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 # _____