

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000100498</b>						
1. Entity Name KROYWEN ASSOCIATES INC.						
Principal Place of Business 3230 STIRLING RD. SUITE 1 HOLLYWOOD, FL 33021	Mailing Address 3230 STIRLING RD. SUITE 1 HOLLYWOOD, FL 33021	  01062005 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number 65-0963662</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number 65-0963662	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  ENGELBERG & MILGRIM, P.L. ATTENTION: MORRIS ENGELBERG 3230 STIRLING ROAD SUITE #1 HOLLYWOOD, FL 33021		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	U000000247335 03/01/05-80018-005 150.00				
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS ENGELBERG, MORRIS ESQ. 3230 STIRLING RD. HOLLYWOOD, FL 33021					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ENGELBERG, MORRIS 3230 STIRLING RD. HOLLYWOOD, FL 33021					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 incorporator 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 which all officers are empowered.						
SIGNATURE:  MORRIS ENGELBERG, PRESIDENT		02/22/05 954-966-3900				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>				