



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90001 026 ***150.00

DOCUMENT # P99000100498 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		
2. Principal Place of Business 4040 SHERIDAN STREET Suite, Apt. #, etc.		3. Mailing Address 4040 SHERIDAN STREET Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 65-0963662	
Zip 33021		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENGELBERG & MILGRIM, P.L. ATTENTION: MORRIS ENGELBERG 3230 STIRLING ROAD SUITE #1 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4040 SHERIDAN STREET City HOLLYWOOD FL Zip Code 33021		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ENGELBERG, MORRIS ESQ. <input type="checkbox"/> Delete 3230 STIRLING RD. HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 4040 SHERIDAN STREET HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENGELBERG, MORRIS <input type="checkbox"/> Delete 3230 STIRLING RD. HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 4040 SHERIDAN STREET HOLLYWOOD, FL 33021	
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	
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	
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	
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 my address, with another like empowered.					
SIGNATURE: MORRIS ENGELBERG, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/06/06 Date		954-966-3900 Daytime Phone #