

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000086702

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC8825779209**

**Entity Name:** BARK CONSULTING CORP.

**Current Principal Place of Business:**

2020 SE 26 AVENUE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

2020 SE 26 AVENUE  
FORT LAUDERDALE, FL 33316

**FEI Number:** 65-0627137

**Certificate of Status Desired:** No

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

KNOCHENHAUER, ARTHUR  
2020 SE 26 AVENUE  
FORT LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name KNOCHENHAUER, ARTHUR  
Address 2020 SE 26 AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title VP  
Name KNOCHENHAUER, BARBARA  
Address 2020 SE 26 AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title DR.  
Name KNOCHENHAUER, ERIC  
Address 88 BATTIN ROAD  
City-State-Zip: FAIR HAVEN NJ 07704

Title SECRETARY  
Name MIRETELLO, DAWN  
Address 19 OVERLOOK DRIVE  
City-State-Zip: LAUREL HOLLOW NY 11791

Title MRS.  
Name MOHLESKI, GAYLE  
Address 16017 CARROLL ROAD  
City-State-Zip: MONKTON MD 21111

Title MRS.  
Name MORRISON, CAREN  
Address 5282 MEADOWCREEK DRIVE  
City-State-Zip: DUNWOODY GA 30338

Title ASST. SECRETARY  
Name LOWE, FAITH  
Address 394 CEDARHURST STREET  
City-State-Zip: ISLIP TERRACE NY 11752

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARTHUR KNOCHENHAUER

**PRESIDENT**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date