

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90042 020 ***150.00

DOCUMENT # P99000110328 1. Entity Name KALALANTA CORP.			
Principal Place of Business 2601 E. OAKLAND PARK BLVD. SUITE 400 FORT LAUDERDALE, FL 33306		Mailing Address 2601 E. OAKLAND PARK BLVD. SUITE 400 FORT LAUDERDALE, FL 33306	
2. Principal Place of Business 2571 NE 43 ST Suite, Apt. #, etc.		3. Mailing Address 2571 NE 43 ST Suite, Apt. #, etc.	
City & State FT. LAUDERDALE FL		City & State FT. LAUDERDALE, FL	
Zip 33308		Country	
4. FEI Number 65-0969573		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOVER, WILLARD D 2601 E. OAKLAND PARK BLVD. SUITE 400 FORT LAUDERDALE, FL 33306		7. Name and Address of New Registered Agent Name JOANNE L. FLEMING Street Address (P.O. Box Number is Not Acceptable) 2571 NE 43 ST City FT. LAUDERDALE FL Zip Code 33308	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D FLEMING, JOANNE L 2571 N.E. 43RD STREET FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: <u>Joanne L. Fleming</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Jan 17/05</u> (954) 567-9834 <small>Date Daytime Phone #</small>	

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