

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000110328

1. Entity Name
KALALANTA CORP.



Principal Place of Business
**2571 NE 43 ST
FORT LAUDERDALE, FL 33308**

Mailing Address
**2571 NE 43 ST
FORT LAUDERDALE, FL 33308**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0969573

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLEMING, JOANNE
2571 NE 43 ST
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000382594
01/12/06-80018-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **FLEMING, JOANNE L**
STREET ADDRESS **2571 N.E. 43RD STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

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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: Joanne Fleming (JOANNE FLEMING) Jan 9/06 954-567-9834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #