## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 114330** 

**Entity Name: KOMOKO CORPORATION** 

FILED Sep 27, 2005 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

C/O V. W. RICHARDS 400 ARTHUR GODFREY ROAD

10545 S.W. 52ND TERRACE SUITE 200

MIAMI, FL 33165 MIAMI BEACH, FL 33140

**Current Mailing Address: New Mailing Address:** 

C/O V. W. RICHARDS 400 ARTHUR GODFREY ROAD

10545 S.W. 52ND TERRACE SUITE 200

MIAMI, FL 33165 MIAMI BEACH, FL 33140

FEI Number: 59-6063999 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WILLIAMS, SHARON REGISTERED AGENTS OF FLORIDA, LLC 12742 VISTA PINE CIRCLE

100 S.E. SECOND STREET FORT MYERS, FL 33913 US SUITE 2900

MIAMI, FL 33131 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: CHARLES J. RENNERT, VICE PRESIDENT 09/27/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title:

RICHARDS, VANESSA W., SHEPPARD, ERIC Name: Name:

10545 SW 52ND TER 400 ARTHUR GODFREY ROAD, SUITE 200 Address: Address:

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DV Title: DT () Delete (X) Change ( ) Addition Name: WILLIAMS, SHARON L. Name: WOLMAN, PHILIP

12742 VISTA PINE CIRCLE 400 ARTHUR GODFREY ROAD, SUITE 200 Address: Address: FORT MYERS, FL 33913 MIAMI BEACH, FL 33131

City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

WILLIAMS, CHARLES E. Name: Name: 12742 VISTA PINE CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ERIC SHEPPARD **PRES** 09/27/2005