

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90328 041 ***150.00

DOCUMENT # 114330

1. Entity Name
KOMOKO CORPORATION



Principal Place of Business
 400 ARTHUR GODFREY ROAD
 SUITE 200
 MIAMI BEACH, FL 33140

Mailing Address
 400 ARTHUR GODFREY ROAD
 SUITE 200
 MIAMI BEACH, FL 33140

40083684



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6063999 Applied For

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

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
 100 S.E. SECOND STREET
 SUITE 2900
 MIAMI, FL 33131

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: DPS
 NAME: SHEPPARD, ERIC
 STREET ADDRESS: 400 ARTHUR GODFREY ROAD, SUITE 200
 CITY-ST-ZIP: MIAMI BEACH, FL 33140

TITLE: DT
 NAME: WOLMAN, PHILIP
 STREET ADDRESS: 400 ARTHUR GODFREY ROAD, SUITE 200
 CITY-ST-ZIP: MIAMI BEACH, FL 33131

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____