


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M78729 1. Entity Name KAVALA, INC. |  |
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| Principal Place of Business %ATLANTIA HOLDINGS 645 DANIA BEACH BLVD. DANIA, FL 33004 | Mailing Address %ATLANTIA HOLDINGS 645 DANIA BEACH BLVD. DANIA, FL 33004 |
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 65-0048087 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BLACKBURN, ACE J JR
COONEY MATTSO LANCE BLACKBURN RICHARDS
2312 WILTON DR.
FORT LAUDERDALE, FL 33305

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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) DATE _____


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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P/D BLACKBURN JR, A 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SDV ECONOMOU, C 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WAGNER, J 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MORFIDIS, G 645 E DANIA BEACH BLVD DANIA BEACH, FL 33004 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/18/06-80051-016 150.00

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:  v.p. 1-25-06 954-922-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #