## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000096391

City-St-Zip:

S. MIAMI, FL 33155

Entity Name: KOMODO DESIGN, INC.

FILED Jun 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 5792 BIRD RD** S. MIAMI, FL 33155 US **Current Mailing Address: New Mailing Address:** 3411 TOLEDO PLAZA CORAL GABLES, FL 33134 FEI Number: 23-0854514 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: SCHMIDT, GRETCHEN 3411 TOLÉDO PLAZA CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCHMIDT, ANN Name: Name: 6974 SW 64 ST. Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: SCHMIDT, ROBERT Name: 10140 SW 100 AVE Address: Address: MIAMI, FL 33176 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SCHMIDT, GRETCHEN Name: Name: 3411 TOLEDO PLAZA Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: VPO () Delete Title: () Change () Addition EPPS, ALICIA Name: Name: Address: 5792 SW 40 ST. Address:

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.

City-St-Zip:

SIGNATURE: GRETCHEN SCHMIDT ST 06/30/2004