


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

67.

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

06-02-2005 90004 049 \*\*\*158.75

<b>DOCUMENT # P04000050540</b>					
<b>1. Entity Name</b> KOTAN INC.					
<b>Principal Place of Business</b> 128 N.E. 54TH STREET MIAMI, FL 33137			<b>Mailing Address</b> 128 N.E. 54TH STREET MIAMI, FL 33137		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05262005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 11-375-1729				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of Now Registered Agent</b>		
NAME JUDGE, CHARLES 16499 N.E. 19 AVE. #2123A NORTH MIAMI, FL 33162			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE <i>Charles Judge</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <i>5/26/05</i> <small>(NONE) Registered Agent signature required when reinstating</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO NIYI, FOLA 9921 N.W. 27TH AVENUE MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOJ, FREDERICK 134 N.E. 54TH STREET MIAMI, FL 33137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOSEPH, JACKSON 134 N.E. 54TH STREET MIAMI, FL 33137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>5/29/05</i> <small>Daytime Phone #</small>		

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