

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-01-2007 90021 044 ***150.00

DOCUMENT # P06000010098 1. Entity Name KOKOMO HOLDINGS, INC.			
Principal Place of Business 1300 NW 167TH ST STE 1 MIAMI GARDENS FL 33169		Mailing Address 1300 NW 167TH ST STE 1 MIAMI GARDENS FL 33169	
2. Principal Place of Business - No P.O. Box # 1125 Satinleaf Street Suite, Apt. #, etc.		3. Mailing Address 1861 N. Federal Hwy. Suite, Apt. #, etc. Suite 114	
City & State Hollywood, FL Zip 33014		City & State Hollywood, FL Zip 33020	
Country USA		Country USA	
4. FEI Number 55-0914397		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOTZEN, MATTHEW C ESQ 1300 NW 167TH ST STE 1 MIAMI GARDENS FL 33169		7. Name and Address of New Registered Agent Name Matthew C. Kotzen, Esq. Street Address (P.O. Box Number is Not Acceptable) 1861 N. Federal Hwy, Suite 114 City Hollywood, FL Zip Code 33020	
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 Matthew C. Kotzen 2/22/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KOTZEN, MATTHEW C JR STREET ADDRESS 1300 NW 167TH ST - STE 1 CITY- ST- ZIP MIAMI GARDENS FL 33169	<input type="checkbox"/> Delete	TITLE President NAME Matthew C. Kotzen STREET ADDRESS 1861 N. Federal Hwy, Suite 114 CITY- ST- ZIP Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Matthew C. Kotzen		Date 2/22/07 Daytime Phone # 954 422 3449	