

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90200 033 ***158.75

DOCUMENT # P06000011723

1. Entity Name
KRAGGA CORP.



60002042



Principal Place of Business
**5355 TOWN CENTER RD.
SUITE 1100
BOCA RATON, FL 33486**

Mailing Address
**5355 TOWN CENTER RD.
SUITE 1100
BOCA RATON, FL 33486**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007 Chg-P CR2E034 (12/06)

4. FEI Number

41-2195296

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LASOTA, KEITH
301 YAMATO ROAD
SUITE 3115
BOCA RATON, FL 33431**

Name **KEITH LASOTA**
Street Address (P.O. Box Number is Not Acceptable)
**5355 TOWN CENTER ROAD
SUITE 1100
BOCA RATON, FL 33486**

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]

KEITH LASOTA

1/11/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCALONE, RICHARD**
STREET ADDRESS **301 YAMATO ROAD, SUITE 3115**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **P** ☒ Change ☐ Addition
NAME **RICHARD SCALONE**
STREET ADDRESS **5355 TOWN CENTER ROAD, SUITE 1100**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **S** ☐ Delete
NAME **LASOTA, KEITH**
STREET ADDRESS **301 YAMATO ROAD, SUITE 3115**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **S** ☒ Change ☐ Addition
NAME **KEITH LASOTA**
STREET ADDRESS **5355 TOWN CENTER ROAD, SUITE 1100**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] **RICHARD SCALONE, President** 1/11/07

561 995 9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #