


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90056 008 \*\*\*150.00

DOCUMENT # P06000130823			
1. Entity Name KHODAL, INC.			
Principal Place of Business 13002 BELL CREEK CHASE RIVERVIEW, FL 33569-5727		Mailing Address 13002 BELL CREEK CHASE RIVERVIEW, FL 33569-5727	
2. Principal Place of Business - No P.O. Box # 3163 5 <sup>th</sup> Ave N. Suite, Apt. #, etc.		3. Mailing Address 3163 5 <sup>th</sup> Ave N. Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33713		Country Pinellas	
4. FEI Number NOT APPLICABLE		26-1732918 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 KALARIYA, RAJESHKUMAR B 13002 BELL CREEK CHASE RIVERVIEW, FL 33569-5727		7. Name and Address of New Registered Agent Name: PUNWANI AMEET A Street Address (P.O. Box Number is Not Acceptable): 30632 IVERSON DR City: WESLEY CHAPEL FL Zip Code: 33543	
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: <i>[Signature]</i> DATE: 3/5/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY - ST - ZIP	PST KALARIYA, RAJESHKUMAR B 13002 BELL CREEK CHASE RIVERVIEW, FL 335695727 <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	VP KALARIYA, ARUNABEN 13002 BELL CREEK CHASE RIVERVIEW, FL 335695727 <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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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: <i>[Signature]</i>		Date: 3-18-08 Daytime Phone #: 727-323-4803	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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