


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 Mailing Address

**13002 BELL CREEK CHASE
RIVERVIEW, FL 33569-5727** **13002 BELL CREEK CHASE
RIVERVIEW, FL 33569-5727**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

3163 5th Ave N. **3163 5th Ave N.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

St. Petersburg, FL **St. Petersburg, FL**

Zip Country Zip Country

33713 **Pinellas** **33713** **Pinellas**

40051020



02282008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1732918 Applied For

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$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** State **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: *[Signature]* DATE: **3/5/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALARIYA, RAJESHKUMAR B	NAME	
STREET ADDRESS	13002 BELL CREEK CHASE	STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW, FL 335695727	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALARIYA, ARUNABEN	NAME	
STREET ADDRESS	13002 BELL CREEK CHASE	STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW, FL 335695727	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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]* Date: **3-18-08** Daytime Phone #: **727-323-4803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR