


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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**3163 5<sup>th</sup> Ave N.**      **3163 5<sup>th</sup> 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**

6. Name and Address of Current Registered Agent  
**KALARIYA, RAJESHKUMAR B**  
**13002 BELL CREEK CHASE**  
**RIVERVIEW, FL 33569-5727**

4. FEI Number      Applied For  
**26-1732918**       Not Applicable  
**NOT APPLICABLE**

5. Certificate of Status Desired      \$8.75 Additional Fee Required

02282008      Chg-P      CR2E034 (12/06)

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      State      Zip Code  
**WESLEY CHAPEL**      **FL**      **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

TITLE	PST	<input type="checkbox"/> Delete
NAME	KALARIYA, RAJESHKUMAR B	
STREET ADDRESS	13002 BELL CREEK CHASE	
CITY - ST - ZIP	RIVERVIEW, FL 335695727	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KALARIYA, ARUNABEN	
STREET ADDRESS	13002 BELL CREEK CHASE	
CITY - ST - ZIP	RIVERVIEW, FL 335695727	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*      Date: **3-18-08**      Daytime Phone #: **727-323-4803**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR