## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000018106

Entity Name: KASZA EPKER INC.

NOVAK, ATTILA

2637 E ATLANTIC BLVD #292

POMPANO BEACH, FL 33062

Name:

Address: City-St-Zip: FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2637 E ATLANTIC BLVD #292 POMPANO BEACH, FL 33062 **Current Mailing Address: New Mailing Address:** 2637 E ATLANTIC BLVD #292 POMPANO BEACH, FL 33062 FEI Number: 20-8428037 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NOVAK, ATTILA 5555 N. OCEAN BLVD LAUDERDALE BY THE SEA, FL 33308 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BENEDEK, KASZA Name: Name: 2637 E ATLANTIC BLVD #292 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: KATALIN, KASZANE B Name: 2637 E ATLANTIC BLVD #292 Address: Address: POMPANO BEACH, FL 33062 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BENEDEK KASZA PD 04/22/2009