

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000003039

Entity Name: KOSTRADA, INC.

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

17103 64TH PLACE NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 126  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 27-4473679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BEADLE, NATALIE  
17103 64TH PLACE N  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CFO  
Name: BEADLE, NATALIE  
Address: 17103 64TH PLACE N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P  
Name: BEADLE, MICHAEL  
Address: 17103 64TH PLACE N  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: NATALIE BEADLE

CFO

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date