


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000079964 1. Entity Name KALOMA, INC.	
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Principal Place of Business 615 CLEVELAND ST CLEARWATER, FL 33755 US	Mailing Address 615 CLEVELAND ST CLEARWATER, FL 33755 US
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04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3408778	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent GRANDA, ROBERT 615 CLEVELAND ST CLEARWATER, FL 33755
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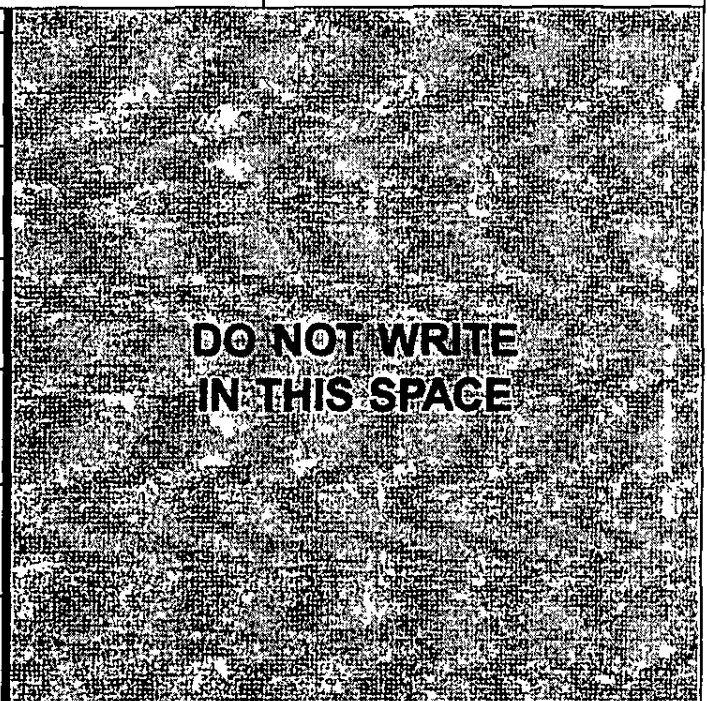


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000951114 06/04/08-80019-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANDA, ROBERT 615 CLEVELAND ST. CLEARWATER, FL 33755
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TITLE 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: *Robert Granda* **Robert Granda** * *4-28-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #