## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 16, 2004 8:00 am Secretary of State

## 08-16-2004 90014 026 \*\*\*150 00 DOCUMENT # P98000010005 1. Entity Name KAKADAR, INC. アンロロアロロな Principal Place of Business Mailing Address 3000 N. UNIVERSITY DR. 3000 N. UNIVERSITY DR. SUITE E SUITE E CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 3. Mailing Address //J 60 W.les 2. Principal Place of Business 11560 Wiles Suite, Apt. #, etc. Suite, Apt. #, etc. 06152004 CR2E034 (10/03) City & State 4. FEI Number Applied For 65-0811663 Not Applicable Country \$8,75 Additional 5. Certificate of Status Desired من Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SZABO, LASZLO Street Address (P.O. Box Number is Not A 3000 N. UNIVERSITY DR. SUITE CORAL SPRINGS, FL 33065 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 he obligations of registered agent Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPTS TITLE TITLE Delete ☐ Change Addition SZABO, LASZLO NAME NAME STREET ADDRESS 11560 WILES ROAD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL-33076 --CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-EIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS City-St-Zip

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

0/9/04

Daytime Phone #

Change

Addition

Machment

M A S PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

08/09/04

Florida Department of State PO BOX 6327 Tallahassee, Fl. 32314

Re: Kakadar, Inc.
Doc# P98000010005

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Kakadar, Inc.

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the postcard sent to companies to file the renewal.

While in our office, we checked the status of the corporation and determined they had not filed. They then asked our assistance to complete the form and file it on his behalf.

We believe that this occurred due to the recent problems with the reinstatement of this corporation. The officer believed the fee had been paid as part of the amount paid.

Therefore we are requesting reinstatement on behalf of Kakadar, Inc. based on not having received his 2004 Uniform business report due to the problems with the reinstatement..

The client is aware of the filing deadline for future years. Should you have any questions, please contact my office.

Thank you, Sincerely,

David Hernandez