

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000027490	
1. Entity Name KOALA DRESS, INC.	
Principal Place of Business 20809 NW 17 ST PEMBROKE PINES, FL 33029	Mailing Address 20809 NW 17 ST PEMBROKE PINES, FL 33029
DO NOT WRITE IN THIS SPACE	



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0909541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAGAROLAS, MAURICIO 20809 NW 17TH ST PEMBROKE PINES, FL 33029	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or phoned name of registered agent and title if applicable. (NOTE: Registered Agent signature requires written certification.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, PAULINO 20517 S.W. 2ND STREET PEMBROKE PINES, FL 33029
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**DO NOT WRITE
IN THIS SPACE**

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 to this address, with all other like empowered.

SIGNATURE:

3/10/05