2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State
07-10-2006 90026 045 ***550.00

DOCUMENT # P99000027490

1. Entity Name
KOALA DRESS, INC.

Principal Place of Business	Mailing Address
20809 NW 17 ST PEMBROKE PINES, FL 33029	20809 NW 17 ST PEMBROKE PINES, FL 33029

50021956

07032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0909541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAGAROLAS, MAURICIO
20809 NW 17TH ST
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, PAULINO 20517 S.W. 2ND STREET PEMBROKE PINES, FL 33029	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jesus A. Antelo 20809 NW 17 St. Pembroke Pines, FL 33029	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Jesus A. Antelo 7/05/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P99000027490

1. Entity Name
KOALA DRESS, INC.

50021956

[redacted]

Principal Place of Business	Mailing Address
20809 NW 17 ST PEMBROKE PINES, FL 33029	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
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	PD
NAME	PEREZ, PAULINO
STREET ADDRESS	20517 S.W. 2ND STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Paid 3/9/05 CK 2205

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 with an address, with all other like empowered.

SIGNATURE: _____ 3/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUL-03-2006 11:05 PM JESS ANTEVA 9544782925 P.01

ATTACHMENT

50021956

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0100
1-800-482-8293

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

KOALA DRESS INC
20809 NW 17TH ST
PEMBROKE PINES, FL 33029-2304

DC Account No: 2204987
Mailed On or Before: 06/27/2006

DELINQUENT NOTICE
QUARTERLY REPORT (UCT-6)

Dear KOALA DRESS INC

According to our records, we have not received your Unemployment Compensation Employer's Quarterly Report (UCT-6) and payment for the quarter(s) listed below.

QTR ENDING	DELINQUENT SINCE	PENALTY AFTER DATE	TAX RATE
03/31/2006	05/01/2006	04/30/2006	.0032

You are required to file quarterly tax reports with all payment due by the Penalty After Date printed on the report, even if you had no employment or there was no tax due. A penalty of $25.00 will accrue, for each month, or fraction of a month, a report is delinquent. Interest accrues at the rate of 1% (.01) for each month the tax payment is late.

Failure to comply with this request to submit report(s) will result in an ASSESSMENT of the tax due being established for your account. A TAX LIEN will be filed with the Clerk of Court to cover this indebtedness.

TO PREVENT FURTHER COLLECTION ACTION, YOU MUST SUBMIT THE REPORT(S) AND PAYMENT TO THE ADDRESS LISTED ABOVE. If you believe that the notice is incorrect or further assistance is needed to resolve this matter, please contact the number listed below.

1-800-482-8293

Central Collections

LES FORM UCT-15 (REV. 08/03)

FLORIDA DEPARTMENT OF STATE
Secretary of State
Jim M. Cobb
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84521

NOTICE OF INTENT TO DISSOLVE

KOALA DRESS, INC.
20809 NW 17 ST
PEMBROKE PINES FL [redacted]

OPTION 3 - Receive a form by mail - Allow up to 28 days for processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # [redacted]

KOALA DRESS, INC.
20809 NW 17 ST
PEMBROKE PINES FL [redacted]

Note: This is not a change to the address of record.

2004