
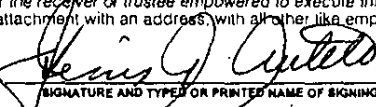


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent MAGAROLAS, MAURICIO 20809 NW 17TH ST PEMBROKE PINES, FL 33029		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ (NOTE: Registered Agent signature required when contributing) <small>Signature typed or printed name of registered agent and title if applicable</small>		
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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANTELO, JESUS A 20809 NW 17TH ST PEMBROKE PINES, FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/3/08 <small>Date</small>



01152008 No Chg-P CR2E034 (11/05)

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	

000000928349
05/21/08-80024-007 150.00