

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVAL
07-25-2005 90095036 ***150.00
P99000058469

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P99000058469					
1. Entity Name KALAHARI, INC.					
Principal Place of Business 4446 NORTHEAST 20TH AVENUE FORT LAUDERDALE FL 33308			Mailing Address 4446 NORTHEAST 20TH AVENUE FORT LAUDERDALE FL 33308		
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 NO-T APPLICABLE	
5. Certificate of Status Desired ☐				Applied For \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			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 \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOFMEYER, HAROLD D		NAME		
STREET ADDRESS	4446 NORTHEAST 20TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33308		CITY- ST- ZIP		
TITLE	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOFMEYER, DEIDRE E		NAME		
STREET ADDRESS	4446 NORTHEAST 20TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33308		CITY- ST- ZIP		
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NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <u><i>Hofmeyer</i></u>			18 July 2005 (954) 351-9371		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



KALAHARI BAR



The only authentic Southern African Bar in the U.S.A!

4446 N.E. 20th Avenue
Fort Lauderdale, Florida 33308, U.S.A.
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Fax: (954) 493-5361
Email: kalahari@kalaharibar.com
www.kalaharibar.com

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FAX COVER LETTER

To: FL. Dep. of State
Division of Corporations
From: P.O. Box 6327
Re: Tallahassee 32314

Fax Number:

Date: 15 August 2005

Dear Sirs,

re: Profit Annual Report/Uniform Business Rep.
Reference # P99000058469

In response to your letter dated 28 July 2005 which we only received today.

We did not receive the Annual Report before May 2005 - only received it on 18 July 2005 in which case I called your office that day and was informed to send check for \$150.00 which I did the same day (check dated 18 July 2005 cc# 3906).

Today we received copy of letter attached and I once again called your offices and Mla Petersen informed me that I must ~~re~~ write a letter to say that we did not receive the Annual Report in time and we ask that you please waive the late fee.

Thank you very kindly and we look forward to your earliest reply.

As officer of KALAHARI INC.

Yours sincerely, D. Haffner