

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # S57158**

1. Entity Name  
**DAKOTA CORPORATION**



Principal Place of Business  
**2221-C N. FORSYTH ROAD  
ORLANDO, FL 32807**

Mailing Address  
**2221-C N. FORSYTH ROAD  
ORLANDO, FL 32807**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3069314**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LADAK, ZULFIKAR  
2221-C N. FORSYTH ROAD  
ORLANDO, FL 32807**

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RADDICK, MICHAEL G.
STREET ADDRESS	2221-C N. FORSYTH RD
CITY - ST - ZIP	ORLANDO, FL
TITLE	D
NAME	LADAK, ZULFIKAR
STREET ADDRESS	2221-C N. FORSYTH RD
CITY - ST - ZIP	ORLANDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000428568  
02/21/06-80055-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 an attorney empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ZULFIKAR LADAK**

**2/2/06**

**407-657-8677**

Date Daytime Phone #