

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S75766

1. Entity Name
KODATA CORPORATION



Principal Place of Business
**8360 W. OAKLAND PARK BLVD.
201
SUNRISE, FL 33351 US**

Mailing Address
**8360 W. OAKLAND PARK BLVD.
201
SUNRISE, FL 33351 US**



03292005 No Chg-P CR2EQ34 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0297243

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MREJEN, ARIE P.A.
701 W CYPRESS CREEK RD
SUITE 302
FT LAUDERDALE, FL 33309**

**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	D
NAME	KADOCH, DAVID
STREET ADDRESS	1250 N.W. FLAMINGO RD.
CITY-ST-ZIP	PLANTATION, FL
TITLE	DVP
NAME	YARNELL, KEITH A
STREET ADDRESS	10173 S.W. 51ST AVE.
CITY-ST-ZIP	COOPER CITY, FL
TITLE	DT
NAME	ZOUR, ISRAEL
STREET ADDRESS	12700 N BISCAYNE BLVD., #202
CITY-ST-ZIP	N MIAMI, FL
TITLE	P
NAME	MENDIOLA, JOSE
STREET ADDRESS	1431 NW 139TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323
TITLE	S
NAME	KADOCH, MICHAEL
STREET ADDRESS	1250 NW FLAMINGO RD
CITY-ST-ZIP	PLANTATION, FL
TITLE	VP
NAME	FORESTER, BRUCE
STREET ADDRESS	4045 SHERIDAN AVE
CITY-ST-ZIP	NORTH MIAMI, FL

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04/27/05-80008-011 150.00

**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)(f), 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: BRUCE S. FORESTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT + CFO

22 APR 2005

954 749 2430

Date

Daytime Phone #