

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90328 041 \*\*\*150.00

**DOCUMENT # 114330**

1. Entity Name  
**KOMOKO CORPORATION**



Principal Place of Business  
 400 ARTHUR GODFREY ROAD  
 SUITE 200  
 MIAMI BEACH, FL 33140

Mailing Address  
 400 ARTHUR GODFREY ROAD  
 SUITE 200  
 MIAMI BEACH, FL 33140

**40083684**



03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6063999** Applied For

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

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

REGISTERED AGENTS OF FLORIDA, LLC  
 100 S.E. SECOND STREET  
 SUITE 2900  
 MIAMI, FL 33131

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: DPS  
 NAME: SHEPPARD, ERIC  
 STREET ADDRESS: 400 ARTHUR GODFREY ROAD, SUITE 200  
 CITY-ST-ZIP: MIAMI BEACH, FL 33140

TITLE: DT  
 NAME: WOLMAN, PHILIP  
 STREET ADDRESS: 400 ARTHUR GODFREY ROAD, SUITE 200  
 CITY-ST-ZIP: MIAMI BEACH, FL 33131

TITLE  
 NAME  
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 STREET ADDRESS  
 CITY-ST-ZIP

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_