

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008405

Entity Name: EMKIDZ, INC.**Current Principal Place of Business:**14561 EAGLE POINTE DR
CLEARWATER, FL 33762**Current Mailing Address:**14561 EAGLEPOINT DR
CLEARWATER, FL 33762 US**FEI Number:** 32-0505305**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GANGA, GANGADHAR
14561 EAGLE PONTE DR
CLEARWATER, FL 33762 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREA
Name	GANGA, GANGADHAR
Address	14561 EAGLE POINTE DR
City-State-Zip:	CLEARWATER FL 33762

Title	VP
Name	SHARMA, NAGARAJA
Address	16915 IVY LAKE DR
City-State-Zip:	ODESSA FL 33556

Title	VP
Name	BABU, KESHAHA
Address	9913 TREETOPS LAKE RD
City-State-Zip:	TAMPA FL 33626

Title	OFFI
Name	BABU, ESHA
Address	9913 TREETOPS LAKE RD
City-State-Zip:	TAMPA FL 33626

Title	OFF
Name	GANGA, KIRAN
Address	14561 EAGLE POINTE DR
City-State-Zip:	CLEARWATER FL 33762

Title	OFF
Name	SHARMA, CHARVI
Address	16915 IVY LAKE DR
City-State-Zip:	ODESSA FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GANGADHAR GANGA**TREASURER****01/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date