


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90291 007 \*\*\*\*61.25

**DOCUMENT # N00000002915**

1. Entity Name  
**LANAKILA IKI, INC.**



Principal Place of Business  
**1301 MANDARIAN ISLE  
FT LAUDERDALE FL 33315**

Mailing Address  
**1301 MANDARIAN ISLE  
FT LAUDERDALE FL 33315**

**55039557**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-1004351**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**THOMPSON, ROBERT G  
1301 MANDARIAN ISLE  
FT LAUDERDALE FL 33315**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, BOB	
STREET ADDRESS	1301 MANDARIAN ISLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRELLA, MICHAEL A	
STREET ADDRESS	1510 SW 9TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, ANTHONY M	
STREET ADDRESS	309 SE 10TH CT	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	John KEE (D)	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	3004 NE 5 <sup>th</sup> TERRACE #C106	
CITY-ST-ZIP	FT LAUDERDALE Florida 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NO VP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D-TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNA M THOMPSON	
STREET ADDRESS	1301 MANDARIAN ISLE	
CITY-ST-ZIP	FT LD FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, Florida Statutes and that no fee appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** \_\_\_\_\_ **4/19/03** **954-525-9102**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)