

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

0420907 AV

DOCUMENT # **P95000095373**

1. Entity Name  
**A.K. WOOD CRAFT INC.**



01-29-2003 90131 050 \*\*\*150.00

Principal Place of Business  
~~3550 23 AVENUE~~  
~~BAY 6~~  
~~LAKE WORTH FL 33461~~  
~~US~~

Mailing Address  
3550 23 AVENUE  
BAY 6  
LAKE WORTH FL 33461  
US

JULI 2004



2. Principal Place of Business  
**3821 Fiscal Ct.**

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

CHECK HERE IF MAKING CHANGES

City & State  
**Riviera Beach, Florida**

City & State

4. FEI Number **65-0303393**

Applied For  
 Not Applicable

Zip **33404** Country **United States**

Zip Country

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

6. Name and Address of Current Registered Agent  
**LOUKAS, ANTONIOS**  
~~3550 23 AVENUE~~ **3821 Fiscal Ct**  
~~BAY B6~~ **Riviera Beach, FL 33404**  
~~LAKE WORTH FL 33461~~

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LOUKAS, ANTONIOS</b>	
STREET ADDRESS	<b>1727 KELSO AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LOUKAS, MICHAEL</b>	
STREET ADDRESS	<b>1727 KELSO AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>VP Meltini</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MELTENE, LOUKAS</b>	
STREET ADDRESS	<b>1727 KELSO AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOUKAS, CHRISTOS</b>	
STREET ADDRESS	<b>1727 KELSO AVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	
TITLE	<del>George Loukas</del>	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<b>CEO</b>	
STREET ADDRESS	<b>Meltini Loukas</b>	
CITY-ST-ZIP	<b>1727 Kelso Ave</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Treasurer</b>	
STREET ADDRESS	<b>Christos Loukas</b>	
CITY-ST-ZIP	<b>4045 Arthunium Ave</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>George Loukas</b>	
STREET ADDRESS	<b>Secretary</b>	
CITY-ST-ZIP	<b>1727 Kelso Ave</b>	
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 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: **SIGNATURE REQUIRED** Date **1-22-03** Daytime Phone # **561-576-6009**

CR2E034 (10/02)