

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000071135

1. Entity Name
A.K.N. HOLDINGS, INC.



Principal Place of Business
**13270 S.W. 57 AVENUE
MIAMI, FL 33156**

Mailing Address
**13270 S.W. 57 AVENUE
MIAMI, FL 33156**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0710007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVERMAN, STEVEN
STEVEN SILVERMAN PA
9500 S DADELAND BLVD SUITE 550
MIAMI, FL 33156-7849**

**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 required when name of registered agent or office is changed.

NOTE: Registered Agent signature required when changing.

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
NOVAK, ANDREW J
13270 S.W. 57 AVENUE
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**VD
NOVAK, CATALIN S
13270 S.W. 57 AVENUE
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**STD
NOVAK, MICHAEL H
13270 S.W. 57 AVENUE
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
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 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 names empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H Novak

4/27/04

305 377-4228

Date

Daytime Phone