2004 FOR PROFIT CORPORATION ANNUAL REPORT

P91122

DOCUMENT # F91667

1. Entity Name
AKAN CORPORATION

8/27/2004-90008-004-$158.75-$158.75

FILED
04 OCT 15 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1089 NW 54TH STREET MIAMI, FL 33127	1089 NW 54TH STREET MIAMI, FL 33127

2. Principal Place of Business	3. Mailing Address
	P.O. Box 371275
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami FL
Zip / Country	Zip: 33137 / Country: DADE

08232004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2283833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HITCHMON, JOHN E, SR. 1089 NW 54TH STREET MIAMI, FL 33127	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 executing)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HITCHMON, JOHN E., SR. 1089 NW 54TH STREET MIAMI, FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: John E Hitchmon, Sr. 8-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

P9202

memo

Date: 10/9/04

To: FLORIDA DEPARTMENT OF STATE

ATT. Tina

From: Akan Corporation

RE: Reinstatement

We are enclosing pages (1) and (2) form #F91667 on August 23, 2004, that we downloaded from www. Sunbiz.org because we did not receive prior notice. Please reinstate.

Thanking you for your cooperation.

Akan Corporation,

John E. Hitchmon

John E. Hitchmon, Sr.

Enclosure