

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 08:00 AM
Secretary of State

DOCUMENT # 750779

1. Entity Name
KURKI APARTMENTS, INC.



Principal Place of Business

**126 S. "D" ST. APT. 4
LAKE WORTH, FL 33460**

Mailing Address

**RITA LA
11 ZAPH AVENUE
SCARBOROUGH, ONTARIO, m1c-1m1 US**



07102006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2003995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMMI, EDWIN W
508 LUCERNE AVENUE
LAKE WORTH, FL**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RASI, MAIRE
STREET ADDRESS	126 S D STREET APT 4
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	VD
NAME	PIKI, MIRJA-LIISA
STREET ADDRESS	126 S D STREET APT 6
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	STD
NAME	LA, RITA
STREET ADDRESS	126 S D STREET APT 2
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/30/06-80002-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rita La

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22/8 2006 416-286-3422

Date

Daytime Phone #