
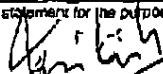
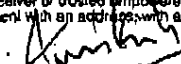


**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90002 033 \*\*\*150.00

7/14/20

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # F03000003923</b>			
1. Entity Name <b>AKNI FUTURISTIC (USA) INC.</b>			
Principal Place of Business <b>5818 SR 54 NEW PORT RICHEY, FL 34652</b>		Mailing Address <b>5818 SR 54 NEW PORT RICHEY, FL 34652</b>	
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 <b>55-0815277</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required		66431577	
6. Name and Address of Current Registered Agent <b>GUPTAN, SUDHIR CHANDRA 5818 SR 54 NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent Name <b>UNNIKRI SHNAN, VASUDEVAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5818 SR 54</b> City <b>NEW PORT RICHEY</b> FL Zip Code <b>34652</b>	
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 <b>July-8-04</b> <small>Signature typed or printed name of registered agent and cost is applicable (NOTE: Registered Agent's signature required when substituting)</small>			
<b>FILE NOW!!! FEE IS \$650.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHETTY, BHARAT 5818 SR 54 NEW PORT RICHEY, FL 34652</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KUMAR, ASHOK 5818 SR 54 NEW PORT RICHEY, FL 34652</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GUPTAN, SUDHIR CHANDRA 5818 SR 54 NEW PORT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 officers, directors, receivers, trustees, or authorized agents.			
SIGNATURE: 		DATE: <b>July 8-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

Attachment  
66431577

**JOHN T. WEAVER, CPA, P.A.**

*Certified Public Accountant*

3601 SWANN AVE, STE 207

TAMPA, FLORIDA 33609

Telephone: 813-870-0084 \*\*\* Cell Phone: 813-486-2565 \*\*\* Fax 813-350-0288

August 3, 2004

Annual Reports Section  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: **AKNI FUTURISTIC (USA) Inc.**  
Document Number: **P03000003923**

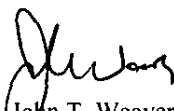
Dear Sir or Madam:

In response to your notice of July 15, 2004, I am asking for your help in filing this annual report for my client. Please accept their check for \$ 150.00 and abate the \$ 400.00 penalty due to reasonable cause.

The reason this corporation did not file the annual report was that they did not receive the UBR or any kind of notices in the mail. The officers were not aware of the new procedure, as they received no notices. Please accept their \$ 150.00 check for the 2004 UBR. I believe that not getting any notice about the UBR in the mail would be considered as reasonable cause to reinstate the corporation without penalty.

Thank you for your assistance in this matter. I appreciate your fine work. If you need additional information or I can answer any questions for you, please call me at 813-870-0084.

Sincerely,



John T. Weaver  
Certified Public Accountant



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 15, 2004

AKNI FUTURISTIC (USA) INC.  
5818 SR 54  
NEW PORT RICHEY, FL 34652

Subject: AKNI FUTURISTIC (USA) INC.

Reference Number: F03000003923

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION