2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# H94313

Entity Name: AKIKNAV, INC.

Current Principal Place of Business:

6667 - 42ND TERR.
NORTH
W. PALM BCH., FL 33407 US

New Principal Place of Business:

Current Mailing Address:

6667 - 42ND TERR.
NORTH
W. PALM BCH., FL 33407 US

New Mailing Address:

FEI Number: 59-2628435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NARESH SHAH
6667 42ND TERRACE N
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SHAH, NARESH,	
Address:	8673 MAN O WAR RD	
City-St-Zip:	PALM BCH GARDENS, FL 33418	
Title:	VPD	( ) Delete
Name:	SHAH, KAMLESH,	
Address:	13605 KIRBY SMITH RD	
City-St-Zip:	ORLANDO, FL 32832	
Title:	D	( ) Delete
Name:	SHAH, KANCHANBEN B,	
Address:	4758 COMBAHEE LANE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	( ) Delete
Name:	SHAH, KIRIT B.,	
Address:	115 SEGOVIA WAY	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	( ) Delete
Name:	SHAH, ASHOK B.,	
Address:	4758 COMBAHEE LANE	
City-St-Zip:	ORLANDO, FL 32837	
Title:	D	( ) Delete
Name:	SHAH, VASANT,	
Address:	8183 MAN O WAR RD	
City-St-Zip:	WEST PALM BEACH, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NARESH SHAH PD 04/03/2009

Electronic Signature of Signing Officer or Director Date