

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90040 017 ***150.00

DOCUMENT # P01000008142

1. Entity Name
A & K NEW YORK PIZZA, INC.



Principal Place of Business
**7800 S. HWY 1792
FERN PARK, FL 32730**

Mailing Address
**2904 DARIN COURT
CASSELBERRY, FL 32707**

50016084



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3691237

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

**ARIAN, KADRIY
2904 DURAN COURT
CASSELBERRY, FL 32707**

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 Arian Kadriy
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**PTD
KADRIY, ARIAN
2904 DURIN COURT
CASSELBERRY, FL 32707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KADRIY ARIAN
2904 Durin Ct
CASSELBERRY, FL 32707** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
JUNKSHI, KUJTIM
1819 LOPPERFIELD TERRACE
CASSELBERRY, FL 32707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GJUNKSHI KUJTIM
819 COPPERFIELD TERRACE
CASSELBERRY, FL 32707** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE: Arian Kadriy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kujtim Gjunksi 02.09.05
Date Daytime Phone #