

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # P01000113666

1. Entity Name  
AKHI HOLDINGS, INC.



Principal Place of Business  
4900 GULF BLVD.  
ST. PETERSBURG, FL 33706

Mailing Address  
4900 GULF BLVD.  
ST. PETERSBURG, FL 33706



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3759309

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAKHANI, NIZAR  
4900 GULF BLVD  
SAINT PETERSBURG, FL 33706

**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 \_\_\_\_\_

**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**

TITLE D  
NAME LAKHANI, ABDUL M  
STREET ADDRESS 65 KERRIGAN CRESCENT, UNIONVILLE  
CITY-ST-ZIP ONTARIO, CANADA L3R758,

TITLE DPST  
NAME LAKHANI, NIZAR  
STREET ADDRESS 4900 GULF BLVD.  
CITY-ST-ZIP ST. PETERSBURG BEACH, FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/24/05-80131-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: NIZAR LAKHANI 1-19-05 727 360 7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #