

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118953

FILED  
Feb 04, 2007  
Secretary of State

Entity Name: A. K. PROFESSIONAL SERVICES, INC.

## Current Principal Place of Business:

16820 NW 82ND AVE  
HIALEAH, FL 33016

## New Principal Place of Business:

16820 NW 82ND AVE  
MIAMI LAKES, FL 33016

## Current Mailing Address:

16820 NW 82ND AVE  
HIALEAH, FL 33016

## New Mailing Address:

16820 NW 82ND AVE  
MIAMI LAKES, FL 33016

FEI Number: 32-0042394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHAMISSIAN, AMY  
16820 NW 82ND AVE  
HIALEAH, FL 33016 US

## Name and Address of New Registered Agent:

KHAMISSIAN, AMY  
16820 NW 82ND AVE  
MIAMI LAKES, FL 33016 US

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:

02/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KHAMISSIAN, AMY  
Address: 16820 NW 82 AVE  
City-St-Zip: HIALEAH, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KHAMISSIAN, AMY  
Address: 16820 NW 82 AVE  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY KHAMISSIAN

PRES

02/04/2007

Electronic Signature of Signing Officer or Director

Date