


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000031250**  
1. Entity Name  
**KONACK MODERN RESTORATION INC.**



Principal Place of Business      Mailing Address  
159 NW 1 ST      1020 NW 49 ST  
BAY 4      POMPAN0 BEACH, FL 33-0694  
DEERFIELD BEACH, FL 33441

**DO NOT WRITE IN THIS SPACE**



04102007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>54-2147657</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
AYKUT, FAIK  
1020 NW 49 ST  
POMPANO BEACH, FL 33064

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> AYKUT, FAIK 1020 NW 49 ST POMPANO BEACH, FL 33064
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U00000703894  
04/20/07-80157-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-07 / 561-2524094  
Date      Daytime Phone #