


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2008 8:00 am
Secretary of State

07-01-2008 90001 001 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
159 NW 1st Street
Suite, Apt. #, etc.
Bay 4

3. Mailing Address
1020 NW 49 ST.
Suite, Apt. #, etc.

City & State
Deerfield Beach FL.

City & State
Pompano Beach FL.

Zip
33441

Country
Broward

Zip
33064

Country
Broward

40109365
CR2E034B (5/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2147657

Applied For
 Not Applicable

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

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.

7. Name and Address of Current Registered Agent

Name
Faik Aykut

Street Address (P.O. Box Number is Not Acceptable)
1020 NW 49 ST.

City
Pompano Bch. FL

Zip Code
33064

SIGNATURE *Faik Aykut* DATE **06.25.08.**

Signatures typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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	owner FAIK AYKUT 1020 NW 49 ST. Pompano Bch. FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Faik Aykut* DATE **06.12.08/561-2524094**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #