

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000089024

1. Entity Name
AK KREATIONS INC



Principal Place of Business
2563 CARAMBOLA CIR N
COCONUT CREEK, FL 33066

Mailing Address
2563 CARAMBOLA CIR N
COCONUT CREEK, FL 33066

DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1228677

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCKENZIE, SHARON
2563 CARAMBOLA CIR N
COCONUT CREEK, FL 33066

**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, 2006 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 ELKHOURY, ADEL
STREET ADDRESS 2563 CARAMBOLA CIR N
CITY - ST - ZIP COCONUT CREEK, FL 33066

TITLE D
NAME MCKENZIE, SHARON
STREET ADDRESS 2563 CARAMBOLA CIR N
CITY - ST - ZIP COCONUT CREEK, FL 33066

TITLE
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STREET ADDRESS
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000000509751
04/28/06-80057-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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

Adel ElKhoury

4/12/6

954-962-8585

Daytime Phone #