

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000161212

1. Entity Name
KANNIKA ATLANTIC, INC.



Principal Place of Business
**4216 TRANQUILITY DRIVE
HIGHLAND BEACH, FL 33487**

Mailing Address
**4216 TRANQUILITY DRIVE
HIGHLAND BEACH, FL 33487**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3800829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUSSKIND, HORST MR
4216 TRANQUILITY DR.
HIGHLAND BEACH, FL 33487**

**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 restate)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P SUSSKIND, DUENPEN 4216 TRANQUILITY DRIVE HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUDNAEN, KANNIKA 4921 EGRET PL. COCONUT GREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUDNAEN, SIREE 4921 EGRET PL. COCONUT GREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUDNAEN, PHAIROH 4216 TRANQUILITY DRIVE HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUDNAEN, ARTITH 4921 EGRET PL. COCONUT GREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUDNAEN, CHEEP 4216 TRANQUILITY DRIVE HIGHLAND BEACH, FL 33487

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01/28/08-80006-008 150.00

**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 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

Date

Daytime Phone #

1/23/08 (561) 265-2520