

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/20/2007-90055-048-\$150.00-\$150.00

<b>DOCUMENT # P06000106638</b> 1. Entity Name <b>VAKONA, INC.</b>						<b>FILED</b> 07 SEP 17 AM 7:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1702 VILLAGE LANE WINTER PARK FL 32792 US				Mailing Address 1702 VILLAGE LANE WINTER PARK FL 32792 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. Fee Number <b>32 / 0178222</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HAKIMJEE, HANIF</b> <b>1702 VILLAGE LANE</b> <b>WINTER PARK FL 32792</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when transferring)</small>							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE-BY: September 5, 2007</b> <b>Make Check Payable to Florida Department of State</b>				§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAKIMJEE, HANIF 1702 VILLAGE LANE WINTER PARK FL 32792			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b>  <b>HANIF HAKIMJEE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>08/09/07</b> <b>(407) 574 6561</b> <small>Date and Phone #</small>			

7/9/18