

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90038 030 ***150.00

DOCUMENT # P06000109139

1. Entity Name
VIKNTIM CORP.



Principal Place of Business
256 THREE ISLANDS BLVD
104
HALLANDALE BEACH, FL 33009

Mailing Address
256 THREE ISLANDS BLVD
104
HALLANDALE BEACH, FL 33009

40052145



2. Principal Place of Business - No P.O. Box #
3801 N. UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 205

Suite, Apt. #, etc.

01112007 Chg-P CR2E034 (12/06)

City & State
SUNRISE FL

City & State

4. FEI Number
20-5411198

Applied For
Not Applicable

Zip
33351

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDERY, MOSHE
4332 POST AVENUE
MIAMI BEACH, FL 33140

Name
PETER P PARISI CPA PA

Street Address (P.O. Box Number is Not Acceptable)

4045 N.W. 16th STREET
SUITE 111

City
FT. LAUDERDALE

FL

Zip Code
33313

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, Print or typed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DAMRI, ZVIKA
256 THREE ISLANDS BLVD
HALLANDALE BEACH, FL 33009 ☐ Delete

TITLE
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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

PRESIDENT
ZVIKA DAMRI

Date

Daytime Phone #

1/11/07 954-572-6200