

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000015579

Entity Name: AJKN HOLDINGS, INC.

FILED
Jul 15, 2008
Secretary of State

Current Principal Place of Business:

333 LAS OLAS WAY - # 3703
FT LAUDERDALE, FL 33301

New Principal Place of Business:

333 LAS OLAS WAY -
APT. # 3703
FT LAUDERDALE, FL 33301

Current Mailing Address:

333 LAS OLAS WAY - # 3703
FT LAUDERDALE, FL 33301

New Mailing Address:

333 LAS OLAS WAY -
APT. # 3703
FT LAUDERDALE, FL 33301

FEI Number: 76-0592291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUDEL, JACOB
333 LAS OLAS WAY - # 3703
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

NUDEL, JACOB
333 LAS OLAS WAY
APT. # 3703
FT LAUDERDALE, FL 33301 US

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.

SIGNATURE:

07/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NUDEL, JACOB
Address: 333 LAS OLAS WAY - # 3703
City-St-Zip: FT LAUDERDALE, FL 33301

Title: STD () Delete
Name: NUDEL, ARLENE
Address: 411 N NEW RIVER DR EAST - APT 3801
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB NUDEL

PD

07/15/2008

Electronic Signature of Signing Officer or Director

Date