

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000015579

Entity Name: AJKN HOLDINGS, INC.

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
APT. # 3703  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: JACOB NUDEL

PD

02/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date