

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000132012

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** AKANNI HEALTH INC.

**Current Principal Place of Business:**

19821 NW 2ND AVE  
#412  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

19821 NW 2ND AVE  
#412  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

**FEI Number:** 35-2318613

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, PATRICIA  
2750 NW 172 TERR.  
MIAMI GARDENS, FL 33056 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: CEO  
Name: LIGHTFOOT, ANGEL  
Address: 2750 NW 172 TERR.  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: CDOV  
Name: TAVERNIER, JOSE  
Address: 2750 NW 172 TERR.  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: COOT  
Name: LIGHTFOOT, PATRICIA H  
Address: 2750 NW 172 TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

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: ANGEL LIGHTFOOT

CEO

04/22/2012

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

\_\_\_\_\_  
Date