

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000011946

Entity Name: ALUKSONS INC

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

150 E SAMPLE ROAD  
110  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

150 E SAMPLE ROAD  
110  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 27-4298688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALUKA, KODJO K  
150 E SAMPLE RD  
110  
POMPANO BEACH, FL 33064 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: P  
Name: ALUKA, KODJO K  
Address: 150 E SAMPLE ROAD  
City-St-Zip: POMPANO, FL 33064 US

Title: T  
Name: ALUKA AHIABOR, ADZOWA D MRS.  
Address: 16330 CLIFTON PARK AVE  
City-St-Zip: MARKHAM, IL 60428

Title: T  
Name: ALUKA, ENYO G MR.  
Address: 16330 CLIFTON PARK AVE  
City-St-Zip: MARKHAM, IL 60428

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: KODJO ALUKA

PRES

04/12/2012

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

\_\_\_\_\_  
Date