

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000089362

1. Entity Name
AKHI INVESTMENTS, INC.



Principal Place of Business
**4900 GULF BLVD.
ST. PETERSBURG BEACH, FL 33706**

Mailing Address
**4900 GULF BLVD.
ST. PETERSBURG BEACH, FL 33706**

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3286446

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAKHANI, NIZAR
4900 GULF BLVD.
ST. PETERSBURG, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000422771
02/17/06-80030-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DV	
NAME	LAKHANI, ABDUL M	
STREET ADDRESS	65 KERRIGAN CR.	
CITY- ST- ZIP	UNIONVILLE, ONTARIO, CANADA,	
TITLE	DPST	
NAME	LAKHANI, NIZAR	
STREET ADDRESS	4900 GULF BLVD	
CITY- ST- ZIP	ST PETERBURG BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**DO NOT WRITE
IN THIS SPACE**

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 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

NIZAR LAKHANI

Date

Day/Mo/Phone #

1-6-06 727 360 7011