

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90332 021 ***150.00

DOCUMENT # P95000009387

1. Entity Name
A & K PROVISIONS, INC.



Principal Place of Business

EXPERT TAX
1701 E ATLANTIC BLVD STE 2
POMPANO BEACH, FL 33060

Mailing Address

EXPERT TAX
1701 E ATLANTIC BLVD STE 2
POMPANO BEACH, FL 33060

Arthur Friedmann
325 NW 4th Ave
BOCA RATON, FL 33432

50039830



DO NOT WRITE IN THIS SPACE

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0564992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMANN, ARTHUR
6109 OLD COURT ROAD
APT 138
BOCA RATON, FL 33433

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIEDMANN, ARTHUR
STREET ADDRESS	6109 OLD COURT ROAD A138
CITY-ST-ZIP	BOCA RATON, FL 33433 <i>30mit</i>
TITLE	
NAME	<i>325 NW 4th Ave</i>
STREET ADDRESS	<i>Boca Raton, FL 33432</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Friedmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05 *561305-5032*
Date Daytime Phone #