2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000009387

1. Entity Name

A & K PROVISIONS, INC.



FILED Jan 26, 2007 08:00 AM Secretary of State

Principal Place of Business

6000 NW 2ND AVE

APT 138 BOCA RATON, FL 33487 Mailing Address

6000 NW 2ND AVE

APT 138

BOCA RATON, FL 33487



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

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

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

FRIEDMAN, ARTHUR 6000 NW 2ND AVE APT 138 BOCA RATON, FL 33487

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

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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.
e.	CNATURE

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

DATE

OFFICERS AND DIRECTORS 10. D. TITLE FRIEDMANN, ARTHUR NAME STREET ADDRESS 6000 NW 2ND AVE APT 138 BOCA RATON, FL 33487 CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AND TYPED OR PRINTED NAME OF SIG

///5/07 Date

Daytime Phone #