

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000071135

1. Entity Name
A.K.N. HOLDINGS, INC.



Principal Place of Business
13270 S.W. 57 AVENUE
MIAMI, FL 33156

Mailing Address
13270 S.W. 57 AVENUE
MIAMI, FL 33156



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0710007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERMAN, STEVEN
STEVEN SILVERMAN PA
9500 S DADELAND BLVD SUITE 550
MIAMI, FL 33156-7849

**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 required when name of registered agent or office is changed.

NOTE: Registered Agent signature required when changing.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD NOVAK, ANDREW J 13270 S.W. 57 AVENUE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY ST ZIP	VD NOVAK, CATALIN S 13270 S.W. 57 AVENUE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY ST ZIP	STD NOVAK, MICHAEL H 13270 S.W. 57 AVENUE MIAMI, FL 33156
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04/30/2004 08:00 AM

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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)(f), 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 another name empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H Novak

4/27/04

Date

305 377-4228

Daytime Phone