## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR

1. Entity Name



FILED May 16, 2003 8:00 am Secretary of State 05-16-2003 90187 014 \*\*\*150.00

DOCUMENT #	P97000012080

	KAKNES, INC.	✓						
Principal Place of 700 TANGERINE WINTER GARDE	COURT	Mailing Address 934 N MAGNOLLA #303 ORLANDO FL 32803						
2. Principal Plac	ce of Business	3. Mailing Address						
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	<u> </u>					
City & State		City & State	<del></del> -					
Zip	- Country=	Zip Cc	Duntry					

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700 TANGERI	pe of Business INE COURT DEN FL 34787	934	ng Address N MAGNOLIA #303 ANDO FL 32803		1			IN BAM SEIS	a salid a sell di ma	
2. Principal P	Place of Business	3. Ma	iling Address	*****		-	11 <b>4</b> (1114) (1144) 1164) 11	18 <b>11</b> 111 <b>1113</b>	1800E  180011   E	1989) (1994) <b>6</b> 041 (604)
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.			- 	CHECK HERE	IF MAKING	G CHANG	FS
City & Stat	te	City	& State		<del></del>	4. FEI Number				Applied For
	·						65-0766242			Not Applicab
Zip	- Country = -	- Zip		Coun	try	5. Certificate of	Status Desired		\$8.75 / Fee Requ	Additional ired
	6. Name and Address of	Current Register	ed Agent		·	7. Name and A	ddress of New R	egistered	Agent	.,
					Name					
KAKNES,	RICHARD BERINE COURT				Street Address (	(P.O. Box Number i	s Not Acceptable	))		<del></del>
-7	GARDEN FL 34787					<u> </u>	•.	<del></del>		
		•			City	<u></u>		FL	Zip C	ode .
	named entity submits this stat	ement for the purp	ose of changing its	registere	ed office or register	red agent, or both,	in the State of Flo			h, and accept
tra gilido ent	tions of registered agent.						•			
CICALATIUS										
SIGNATURE.	Signature, typed or printed name of regist	tared agent and title if app	olicable. (NOTE	Registered	d Agent signature required	t when reinstating)		DATE		
		·	olicable. (NOTE	: Registered	d Agent signature required	T				
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indicated on this report or supplemental report is true and accorate 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 executivinis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactor ment with an address, with all other like impowered.

SIGNATURE:

Daytime Phone #