

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 036 ***150.00

DOCUMENT # P98000037644

1. Entity Name
A.K.I. ENTERPRISES, INC.



Principal Place of Business
1601 SOUTH CYPRESS ROAD
POMPANO BEACH, FL 33060

Mailing Address
1601 SOUTH CYPRESS ROAD
POMPANO BEACH, FL 33060

90000000

2. Principal Place of Business - No P.O. Box #
1750 E. COMMERCIAL BLVD
Suite, Apt. #, etc.
#4

3. Mailing Address
1750 E. COMMERCIAL BLVD #4
Suite, Apt. #, etc.



03132007 Chg-P CR2E034 (12/06)

City & State
FT. LAUDERDALE, FL
Zip
33334
Country
BROWARD

City & State
FT. LAUDERDALE, FL
Zip
33334
Country
BROWARD

4. FEI Number
65-0831156
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, DAVID
1601 SOUTH CYPRESS ROAD
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name
DAVID MILLER
Street Address (P.O. Box Number is Not Acceptable)
1750 E. COMMERCIAL BLVD #4
City
FT. LAUDERDALE FL
Zip Code
33334

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

(NOTE: Registered Agent signature required when reinstating)

DATE
3/15/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 MILLER, DAVID 1601 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, LARA E 1601 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID MILLER 1750 E. COMMERCIAL BLVD #4 FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARA MILLER 1750 E. COMMERCIAL BLVD FT. LAUDERDALE, FL 33334	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 files empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07
Date
cell 954 253 8464
954-776 2202