

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 013 ***150.00

DOCUMENT # *P98000070972*

1. Entity Name

G.N.K. Nick's Deli, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1920 E. Hallandale Blvd
6th Floor*

3. Mailing Address

*1920 E. Hallandale Blvd
6th Floor*

BLVD

50010888

CR2E034B (8/05)

City & State

Hallandale Beach

City & State

Hallandale Beach - FL

4. FEI Number

05-0858416

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kotsakis, Nickolas

Street Address (P.O. Box Number is Not Acceptable)

5300 WASHINGTON ST. BLDG. 0 #322

City

Hollywood, FL

33021

FL

Zip Code

33021

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

*Kotsakis, Nickolas
5300 Washington St. Bldg. 0 #322
Hollywood - FL 33021*

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nickolas Kotsakis - Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

Date

1-954-456 8992

Daytime Phone #