

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

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90010 028 ***150.00

DOCUMENT # **P98000070972**

1. Entity Name

G.N.K. Nicks Del, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1920 E. Hallandale Blvd - 1920 E. Hallandale Blvd -

3. Mailing Address

Suite, Apt. #, etc. **6th Floor #1** Suite, Apt. #, etc. **6th Floor #1** CR2E034B, (8/05)

City & State

Hallandale Beach

City & State

Hallandale Beach

FEL Number

950858416

Applied For

Not Applicable

Zip

33009

Country

Zip

33009

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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 reappointing)

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, Nicholas
5300 Washington St Bldg #322
Hollywood FL 33021**

TITLE
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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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08
Date

954-8992
Daytime Phone