

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90032 007 ***150.00

DOCUMENT # P99000023458

1. Entity Name
SAKI INVESTMENT COMPANY



Principal Place of Business Mailing Address
13014 N. DALE MABRY HWY., STE. 356 13014 N. DALE MABRY HWY., STE. 356
TAMPA, FL 33618 TAMPA, FL 33618

34041003



2. Principal Place of Business 3. Mailing Address
13907 CARROLLWOOD VILLAGE RUN
Suite, Apt. #, etc. Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State City & State 4. FEI Number Applied For
Tampa, FL **59-3567317** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75** Additional
33618 **US** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
Name
SCHWENCKE, KIM M
13014 N. DALE MABRY HWY.
STE 356
TAMPA, FL 33618
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing ☐ **\$5.00** May Be
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	OD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWENCKE, KIM M		NAME		
STREET ADDRESS	13014 N. DALE MABRY HWY., STE. 356		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE	OD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAPPAPORT, A.G.		NAME		
STREET ADDRESS	13014 N. DALE MABRY HWY., STE. 356		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim M. Schwenske* 319107 913-669-0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kim M. Schwenske