

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000024203

1. Entity Name
KANNIKA, INC.



Principal Place of Business
5458 W. SAMPLE ROAD
MARGATE, FL 33073

Mailing Address
4216 TRANQUILITY DRIVE
HIGHLAND BEACH, FL 33487



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0910348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSSKIND, HORST
4216 TRANQUILITY DRIVE
HIGHLAND BEACH, FL 33487

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IN THIS SPACE

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

Horst Susskind
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/9/07

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

U00000584903
01/12/07-80053-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SUDNAEN, PHAIRCH
4921 EGRET PL
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
SUDNAEN, KANNIKA
4921 EGRET PL
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SUDNAEN, CHEEP
4921 EGRET PL
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUDNAEN, SIREE
4921 EGRET PLACE
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
SUDNAEN, ARTITH
4921 EGRET PLACE
COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DUENPEN, SUSSKIND
4216 TRANQUILITY DR.
BOCA RATON, FL 33487

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Duenpen Susskind ID 1/9/07 (561) 276-8289