

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000051222

1. Entity Name
NAKK, INC.



Principal Place of Business
6853 SW 19TH ST
SUITE 301
BOCA RATON, FL 33431

Mailing Address
4499 WOODFIELD BLVD
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0932859

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KESSLER, NIA MD
4499 WOODFIELD BLVD
BOCA RATON, FL 33434

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U00000502035
04/25/06-80088-006 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME KESSLER, NIA
STREET ADDRESS 4499 WOODFIELD AVENUE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE DV
NAME KESSLER, KEVIN
STREET ADDRESS 4499 WOODFIELD AVENUE
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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

4-6-06
DATE

Daytime Phone #