2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # S83799 1. Entity Name NAKIS, INC. Principal Place of Business Mailing Address 1495 NW 10TH AVE 1495 NW 10TH AVE MIAMI SUBS MIAMI FL 33136 US MIAMI SUBS MIAMI FL 33136 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0311383 Not Applicable Zip Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAKIS, JOHN Street Address (P.O. Box Number is Not Acceptable) 13154 NW 13TH ST PEMBROKE PINES FL 33028 City 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 life if applicable (NOTE Royistered Agent signature required when reinstating) DATE م<u>ر ميد د</u> ... 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 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD BILE Detete MLE U00000041354 Change C 02/10/04-80004-001 150.00 Change Addition NAKIS, JIM NAME NAKAF STREET ADDRESS 4700 MCKINLEY ST STREET ADDRESS CITY - ST - ZIP HOLLYWOOD FL CRY-SI-ZIP TITLE Delete TITLE Change ☐ Addition NAKIS, JOHN NAME NAME STREET ADDRESS 13154 NW 13TH ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY+ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAKIS, ALEXANDRA STREET ADDRESS 16523 SOUTH SEGOVIA CIRCLE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33331 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAKIS, LAURIE NAME MAAIS 13154 NW 13TH ST STREET ADDRESS STREET ADDRESS CATY - ST - ZIP PEMBROKE PINES FL 33028 CHTY-ST-ZIP MILE Delete BILE Спалое Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST-789 TITLE Delete TITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CAY-ST-78 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 supplemental report of Security is 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 a projectors with a supplemental report.

**FILED** 

exandra Nakis 2/6/04 305 326-0600