

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132012

Entity Name: AKANNI HEALTH INC.**Current Principal Place of Business:**19821 NW 2ND AVE
#412
MIAMI GARDENS, FL 33169**Current Mailing Address:**19821 NW 2ND AVE
#412
MIAMI GARDENS, FL 33169**FEI Number:** 35-2318613**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, PATRICIA
107 BALLARD ROAD
AVON PARK, FL 33825 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEOP
Name LIGHTFOOT, ANGEL
Address 19821 NW 2ND AVE
 #412
City-State-Zip: MIAMI GARDENS FL 33169

Title CORRESPONDING SECRETARY
Name LIGHTFOOT, PATRICIA HARRIS
Address 107 BALLARD ROAD
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name LIGHTFOOT-MUHAMMAD, KHAIR ISA
Address 107 BALLARD ROAD
City-State-Zip: AVON PARK FL 33825

Title CDOV
Name TAVERNIER, JOSE PHILLIP
Address 20030 NW 65TH COURT
City-State-Zip: MIAMI FL 33015

Title EXECUTIVE SECRETARY
Name LIGHTFOOT-TAVERNIER, INAYA
 MEEKA
Address 107 BALLARD ROAD
City-State-Zip: AVON PARK FL 33825

Title OFFICER
Name LIGHTFOOT-TAVERNIER, MANSA
 XOLO
Address 107 BALLARD ROAD
City-State-Zip: AVON PARK FL 33825

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGEL LIGHTFOOT

PCEO

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date