

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000011946

**Entity Name:** ALUKSONS INC

**Current Principal Place of Business:**

6350 W ATLANTIC BLVD  
SUITE 5  
MARGATE, FL 33063

**Current Mailing Address:**

P.O. BOX 803  
DEERFIELD BEACH, FL 33443 US

**FEI Number:** 27-4298688

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALUKA, KODJO K  
6350 W ATLANTIC BLVD  
SUITE 5  
MARGATE, FL 33063 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 P  
Name ALUKA, KODJO K  
Address P.O. BOX 803  
City-State-Zip: DEERFIELD BEACH FL 33443

Title T  
Name ALUKA, ENYO GMR.  
Address 16330 CLIFTON PARK AVE  
City-State-Zip: MARKHAM IL 60428

Title VP  
Name ALUKA, ADEM ARIELE  
Address P.O. BOX 803  
City-State-Zip: DEERFIELD BEACH FL 33443

*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:** KODJO ALUKA

**PRESIDENT**

**04/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date