

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002339

**Entity Name:** AMIKAOKIKAO, INC.

**Current Principal Place of Business:**

15930 OLD 41 ROAD NORTH  
SUITE 420  
NAPLES, FL 34110

**Current Mailing Address:**

15930 OLD 41 ROAD NORTH  
SUITE 420  
NAPLES, FL 34110

**FEI Number:** 86-3099154

**Certificate of Status Desired:** No

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

WEISSMAN, LEE M  
8181 W. BROWARD BLVD.  
SUITE 204  
PLANTATION, FL 33324 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 LAIRET, JOSE L  
Address 15930 OLD 41 ROAD NORTH, SUITE 420  
City-State-Zip: NAPLES FL 34110

Title T  
Name WEISSMAN, LEE M  
Address 8181 W. BROWARD BLVD., SUITE 204  
City-State-Zip: PLANTATION FL 33324

Title D  
Name DONAHUE, ANDREW  
Address 110 SILVERLAKE RUN  
City-State-Zip: YORKTOWN VA 23690

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE LUIS LAIRET

P

05/01/2023

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

\_\_\_\_\_  
Date