2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 17, 2008 8:00 am Secretary of State

1. Enrity Nan	MENT # 565220 ne AKE DEVELOPMENTS, INC.				02-18-2008 90002 03-17-2008 90022		
2706 YARM WELLINGTO	ce of Business ON FL 33474 Place of Business - No P.O. Box #	Mailing Address 2006 YARMCUTH DR. WELLINGTON FL 33444	-				
\$9,2 Suite, Apt.	t CHMVET BULKE	Suite, Apt. #, etc.	himney	Cont Dr	st MOORE CR2EQ	34 (10/07)	
	SCHION BOBLIA	City & State Hos chto	n. Coen	4. FEI Numi	^{Der} 59-1787804	<u> </u>	pplied For ot Applicable
Z1300	Country	Zip	Country		e of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	// Name	7. Name an	d Address of New Registers	d Agent	
KALPLAN, ALVIRA 2706 VARMOUTH DR 2353 V 38 T WELLINGTON FL 99414 DCA RATON FL City H Codo 8. The above named entity submits this sufferment for the purpose of changing its registered office or registered agent, or coto, in the State of Florida. Lam familiar with, and accept							
the obligat	tions of registered agent.	the purpose of changing its is	egistered unit e tir	registered agent, or c	out, in the state of Florida. Ta	m tamiliar with,	and accept
SIGNATURE	Signature, typed or present family of reposition agent a		Fagasirea Ageni e protu	rc required when rematativity)	DAT	<u> </u>	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee Will Be \$550.00 k Payable to Florida Department of				Election Campaign Fina Trust Fund Centribution		00 May Be ed to Fees
10.	OFFICERS AND (· · · · · · · · · · · · · · · · · · ·	11.		CHANGES TO OFFICERS A		
TITLE NAME	PERRE, TARMO	☐ Devete	HANE MLFE	PSD		Change	Addition
STREET ADDRESS	2766 YARMOUTH DR.		STREET ADDRESS	RIPEE O	ARMO ROS	L RR	
CITY-ST-ZIP	WELLINGTON FL 33414-7649	D	CITY-ST-ZIP	मगड्य प	TON ZEOR	CA 80	2408
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NAME PROFES ADDRESS			MAME CONCER ADDRESS				
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CITY-ST-ZIP			CITY-\$1-21P				
indicated of the co	certify that the information supplied with donthis report or supplemental report is provided or the receiver or trustee empled, or on an attact from with an artifices.	true and accurate and that my owered to execute this report is, with all other like empowere:	r signature shall ha as required by Ch d.	ave the samo legal etts	ect as if made under oath: that	I am an officer	or director
SIGNAT	TURE:	1 ARMO (nere	<u> </u>	04 6/00 77	0967	77 24