

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2009
Secretary of State**

DOCUMENT# F07000004389

Entity Name: FRIENDS OF AKIM USA INC.

Current Principal Place of Business:

220 E 23RD STREET
NEW YORK, NY 10010

New Principal Place of Business:

Current Mailing Address:

220 E 23RD STREET
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 11-2499314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MARIA M
3300 S OCEAN BLVD. #404-N
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLAMM, ELAYNE
Address: TWO BREAKERS ROW
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: GREEN, MARIA M
Address: 3300 S OCEAN BLVD. #404-N
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: JUSTIN, KITTY
Address: 3440 S OCEAN BLVD.
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELAYNE FLAMM

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date