
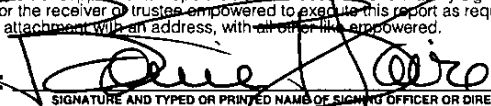


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90022 046 ***150.00

DOCUMENT # K04535 1. Entity Name AKB MANAGEMENT COMPANY					
Principal Place of Business 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134 US			Mailing Address 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134 US		
2. Principal Place of Business 2655 LeJeune Road		3. Mailing Address 2655 LeJeune Road			
Suite, Apt. #, etc. 1108		Suite, Apt. #, etc. 1108			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 65-0029011	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAIRE, BONNIE 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road, Suite 1108 City Coral Gables FL Zip Code 33134		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIRE, BONNIE 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIRE, ADAM 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIRE, KAREN 2801 PONCE DE LEON BLVD, SUITE 1080 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIRE, KAREN 2801 PONCE DE LEON BLVD, SUITE 1080 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIRE, KAREN 2801 PONCE DE LEON BLVD, SUITE 1080 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		2/10/05 305-441-1444			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

40016403



02012005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0029011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAIRE, BONNIE
2801 PONCE DE LEON BLVD
SUITE 1080
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

2655 Le Jeune Road,

Suite 1108

City

Coral Gables

FL

Zip Code

33134

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BLAIRE, BONNIE
2801 PONCE DE LEON BLVD SUITE 1080
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2655 LeJeune Road, Suite 1108
Coral Gables, Florida 33134

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
BLAIRE, ADAM
2801 PONCE DE LEON BLVD SUITE 1080
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2655 LeJeune Road, Suite 1108
Coral Gables, Florida 33134

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
BLAIRE, KAREN
2801 PONCE DE LEON BLVD, SUITE 1080
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2655 Le Jeune Road, Suite 1108
Coral Gables, Florida 33134

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #