# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# K04535

**Entity Name:** AKB MANAGEMENT COMPANY

**Current Principal Place of Business:**

2655 LEJEUNE ROAD
1108
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

2655 LEJEUNE ROAD
314
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

615 ALEDO AVE
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number: 65-0029011** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BLAIRE, BONNIE
2655 LEJEUNE ROAD
SUITE 1080
CORAL GABLES, FL 33134 US

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

BLAIRE, BONNIE
2655 LEJEUNE ROAD
SUITE 314
CORAL GABLES, FL 33134 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: _____ 04/07/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BLAIRE, BONNIE
Address: 2655 LEJEUNE ROAD STE 1108
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: BLAIRE, ADAM
Address: 2655 LEJEUNE ROAD STE 1108
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: BLAIRE, KAREN
Address: 2655 LEJEUNE ROAD STE 1108
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: BLAIRE, BONNIE
Address: 2655 LEJEUNE ROAD STE 314
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition
Name: BLAIRE, ADAM
Address: 2655 LEJEUNE ROAD STE 314
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition
Name: BLAIRE, KAREN
Address: 2655 LEJEUNE ROAD STE 314
City-St-Zip: CORAL GABLES, FL 33134

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

SIGNATURE: BONNIE BLAIRE PRES 04/07/2009
Electronic Signature of Signing Officer or Director — Date