2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # K80871 04-19-2004 90364 007 ***163.75 1. Entity Name AKL GROUP, INC. Principal Place of Business Mailing Address 14004634 161 MADEIRA AVE 161 MADEIRA AVE MAIL DROP 87 MAIL DROP 87 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 CR2E034 (10/03) 04122004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0122938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, ENRIQUE DO NOT WRITE 161 MADEIRA AVE MAIL DROP 87 IN THIS SPACE CORAL GABLES, FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LOPEZ, ENRIQUE NAME STREET ADDRESS 161 MADEIRA AVE, #87 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do swecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empoyer changed, or on an attachment SIGNATURE:

FILED