

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011339

Entity Name: AKIBA RESOURCES, LLC

FILED
May 17, 2005
Secretary of State

Current Principal Place of Business:

14750 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181

New Principal Place of Business:

18290 COLLINS AVENUE
SUNNY ISLES, FL 33160

Current Mailing Address:

14750 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33181

New Mailing Address:

18290 COLLINS AVENUE
SUNNY ISLES, FL 33160

FEI Number: 65-1052421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBINSON, PAUL J ESQ.
1590 NE 162ND STREET, SUITE 200
NORTH MIAMI BEACH, FL 33162 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: AKIBA, CHARLES
Address: 14750 BISCAYNE BOULEVARD
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: MGR () Delete
Name: FRANCIMIE, AKIBA A
Address: 16750 BISCAYNE BLVD.
City-St-Zip: NORTH MIAMI BEACH, FL 33181

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES AKIBA

MGRM

05/17/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date