


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90278 042 \*\*\*\*\*50.00

<b>DOCUMENT # L03000009169</b> 1. Entity Name <b>AKOA, A LIMITED LIABILITY COMPANY</b>	
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Principal Place of Business <b>17150 ROYAL PALM BOULEVARD SUITE 2 WESTON, FL 33326</b>	Mailing Address <b>17150 ROYAL PALM BOULEVARD SUITE 2 WESTON, FL 33326</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>54-2107215</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
PUJOL, JOE L 3191 CORAL WAY #1005 MIAMI, FL 33145	Name <b>Pujol, Joe L</b> Street Address (P.O. Box Number is Not Acceptable) <b>267 minorca ave, ste 100</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>


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 \_\_\_\_\_ DATE **Feb 02 - 07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM VELA, JAIRO H <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	891 GARNET CIRCLE	NAME	
STREET ADDRESS	WESTON, FL 33326	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MGRM GARZON, CRISANTO <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1660 BUNTING LANE	NAME	Garzon Crisanto
STREET ADDRESS	WESTON, FL 33327	STREET ADDRESS	2700 Pinehurst Dr
CITY-ST-ZIP		CITY-ST-ZIP	Weston- FL 33332
TITLE	MGRM YOKANA, ALBERT ALEXAND <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	809 CRESTVIEW CIRCLE	NAME	
STREET ADDRESS	WESTON, FL 33327	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE: **Feb 02 - 07** DAYTIME PHONE #: **(954) 888-4202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #