

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008922

FILED  
Jul 16, 2005  
Secretary of State

Entity Name: AKB PRODUCTIONS INC.

## Current Principal Place of Business:

1118 PINE RIDGE CIRCLE  
SANFORD, FL 32773

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 150384  
ALTAMONTE SPRINGS, FL 32715 US

## New Mailing Address:

FEI Number: 71-0948074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SCHAARE, JANET  
3519 WADING HERON TERRACE  
OVIEDO, FL 35766 US

## Name and Address of New Registered Agent:

DAVIDOWITZ, AURORA  
1118 PINE RIDGE CIRCLE  
SANFORD, FL 32773 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: AURORA DAVIDOWITZ

07/16/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DAVIDOWITZ, AURORA  
Address: P.O. BOX 150384  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: VD ( ) Delete  
Name: PACHECO, ILIA M  
Address: 310 OCEANSIDE COURT  
City-St-Zip: KISSIMEE, FL 34743 US

Title: STD ( ) Delete  
Name: MARTINEZ, LUIS  
Address: 603 RIDGE TERRACE  
City-St-Zip: WINTER HAVEN, FL 33881 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: AURORA DAVIDOWITZ

PD

07/16/2005

Electronic Signature of Signing Officer or Director

Date