FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 21, 2001 8:00 am DOCUMENT # Secretary of State 1. Entity Name 05-21-2001 90347 004 ***150.00 AKIMSU INCORPORATE Principal Place of Business Mailing Address 8061 NW 51 STREET LAUDERHILL, FL 33351 00055747 2. Principal Place of Business 3. Mailing Address 8061 NW 51 STREET
Suite, Apt. #, etc. 2061 NW 51 STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LAUDEZHILL LAUDERHICK, FLORIDA 65-1037566 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 3335°/ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DWAYNE WHEATLEY FREDERICK IHELMAS 1315 NW 58 TH AVENUE Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL, FL 33313 8061 NW 51 Zip Code LAVOERHILL 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 Andrid & The / VIE PROSIDENT FLODERICK FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (11/00) ☐ Addition TITLE TITLE ☐ Delete CEO / PRESIDENT NAME DWAYNE WYSATLEY NAME 1315 NW 58TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAUDBRHILL, FL 333/3 ☐ Change TITLE ☐ Delete TITLE ☐ Addition VP OPERATIONS NAME NAME FLEDERICK L. THELMAS 8061 NW 57 STERT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAUTOEXMU, FL 33351 VP SALPS & MARKETING MICHAEL SIMONOVICH ☐ Addition TITLE ☐ Delete NAME 307 GLOON VIEW WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOMS RIVER NJ 08753 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #