FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91781 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067121

1. Entity Name
AKOBEN INC.

11041450

Principal Place of Business
5049 SW 134 AVENUE
MIRAMAR, FL 33027

Mailing Address
5049 SW 134 AVENUE
MIRAMAR, FL 33027

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1122032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUBIAN TAX CONSULTANTS
16300 NE 19TH AVENUE
#215
NORTH MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name: NUBIAN TAX CONSULTANTS
Street Address (P.O. Box Number is Not Acceptable): 16300 NE 19 AVENUE
SUITE 215
City: NORTH MIAMI BEACH FL Zip Code 33162

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 [signature] 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPS	☐ Delete
NAME	WILLIAMS, DEVOUNE	
STREET ADDRESS	5049 SW 134 AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	PT	☐ Delete
NAME	LEWIS-WILLIAM, BENOVRA	
STREET ADDRESS	5049 SW 134 AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVOUNE WILLIAMS 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #