APR-06-2004 10:39 ROTH AND ROUSSO P.A.

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90476 014 ***150.00

DOCUMENT # P01000002828

1. Entity Name
AKSA PARTNERS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD STE 1203 CORAL GABLES, FL 33134	2100 PONCE DE LEON BLVD STE 1203 CORAL GABLES, FL 33134

94065788

2. Principal Place of Business		3. Mailing Address	
18851 NE 29th Ave		18851 NE 29th Ave	
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900	
City & State Aventura FL		City & State Aventura FL	
Zip 33180	Country USA	Zip 33180	Country USA

04062004 Chg-P CR2E034 (10/03)

4. FEI Number 68-0506797 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROUSSO, MARK E 3440 HOLLYWOOD BLVD, STE 360 HOLLYWOOD, FL 33021	Name: Rousso Mark E Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Ave #900 City: Aventura FL Zip Code: 33180

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] Mark Rousso 04/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, ALFREDO 2100 PONCE DE LEON BLVD STE 1203 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 18851 NE 29th Ave #900 Aventura FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Keller Alfredo 04/23/04 7862790000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.02