2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90014 026 ***150.00

44047875

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1. Entity Name
AKROS, CORP.

Principal Place of Business	Mailing Address
~~6955 NW 52 STREET~~ ~~# 101~~ ~~MIAMI, FL 33166~~	~~6955 NW 52 STREET~~ ~~# 101~~ ~~MIAMI, FL 33166~~

2. Principal Place of Business		3. Mailing Address	
8501 N.W. 17th St		8501 N.W. 17th St	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State Miami, FL		City & State Miami, FL	
Zip 33126	Country USA	Zip 33126	Country USA

07062004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1139998 ☐ 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
MOLINARES, FAUSTO ~~6955 NW 52 STREET~~ 8501 N.W. 17th St #101 # 101 Miami, FL 33126 MIAMI, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS ~~$550.00~~ $150
Due by September 8, 2004

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

In accordance with S.607.193(2)(b), the corporation didn't receive prior notice

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VILLACIS, ORLANDO		NAME	
STREET ADDRESS	AVE. REPUBLICA, ALMAGRO		STREET ADDRESS	
CITY-ST-ZIP	QUITO, ECUADOR,		CITY-ST-ZIP	
TITLE	RA	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MOLINARS, FAUSTO		NAME	
STREET ADDRESS	~~6955 N.W. 52 STREET #101~~		STREET ADDRESS	8501 N.W. 17th St #101
CITY-ST-ZIP	~~MIAMI, FL 33166~~		CITY-ST-ZIP	Miami, FL 33126
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ____________________ 7-5-04 305/594-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #