## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 10, 2006 08:00 AN Secretary of State

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DOCUMENT # P01000111889				Secretary of State				
AKI BUSI	NESS ENTERPRISES, INC.							
Principal Plac 1835 NE MIA MIAMI, FL 3	ami gardens dr	Mailing Address 1835 NE MIAMI GARDENS DR MIAMI, FL 33179		· .			., .	
		2-7-						
DO NOT WRITE IN THIS SPA			^=	02072006	No Chg-P	CR2E034	(11/05)	
L	O NOT WRITE	IN 1713 SPA	UE.	4. FEI Number 65-1155			Applied For Not Applicable	
				5. Certificate of	of Status Desired		8.75 Additional e Required	
	6. Name and Address of Current Re	gistered Agent				=	<u> </u>	
7805 SW 6	ON, FL 33324		DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for ti itons of registered agent.		ed office or register	ed agent, or both	ı, in the State of Flo		nillar with, and accept	
	Signature, typed or printed name of registered agent and	tale if applicable (NOTE Registere	d Agent signature required	when roinstating)		DATE.		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	S. Election Campaign Final Trust Fund Contribution.	ncing \$5	.00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS	]	·				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D KIBLISKY, ALLAN 1835 NE MIAMI GARDENS DR. MIAMI, FL 33179						; · ·	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOLEDANO, SALOMON 1835 NE MIAMI GARDENS DRIVE MIAMI, FL 33179				100000 -20\is	1429136 -80072-0	QO1 150.00	
TITLE NAME STREET ADDRESS CITY STATE				DO	NOT W	'RITE		

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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:

CITY - ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP JUTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/0/2006

IN THIS SPACE

3-5-792-1737

Date

Daytime Phone #