


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91059 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0100014204			
1. Entity Name A. K. SOUND CORPORATION			
Principal Place of Business 14 NE 1 STREET MIAMI, FL 33132 US		Mailing Address 100 LINCOLN ROAD UNIT 417 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business 14 N. EAST ST. APT. 9		3. Mailing Address 100 LINCOLN RD. UNIT-417	
City & State MIAMI FL		City & State MIAMI BEACH FL	
Zip 33132		Zip 33139	
Country FL		Country FL	
4. FEI Number 65-1157238		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, AVIVA 14 NE 1 STREET MIAMI, FL 33132		7. Name and Address of New Registered Agent KORDICH AVIVA 100 LINCOLN RD UNIT 417 MIAMI BEACH, FL 33139	
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 _____ DATE _____ <small>Signature, typed in printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S	TITLE	
NAME	KORDICH, AVIVA	NAME	
STREET ADDRESS	100 LINCOLN RD UNIT 417	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P	TITLE	
NAME	COHEN, AVIVA	NAME	
STREET ADDRESS	14 NE 1 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____		DATE _____	
<small>SIGNATURE AND TITLES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	