

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003890

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: AKEL, INC.

**Current Principal Place of Business:**

225 N. STREET  
TAMPA, FL 33604

**New Principal Place of Business:**

7818B N. ARMENIA AVE.  
TAMPA, FL 33604

**Current Mailing Address:**

225 N. STREET  
TAMPA, FL 33604

**New Mailing Address:**

7818B N. ARMENIA AVE  
TAMPA, FL 33604

FEI Number: 94-3414917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEER, ALAN K CPA  
7401 D TEMPLE TERRACE HWY.  
TAMPA, FL 33637 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MELENDI, KELLY  
Address: 225 NORTH ST.  
City-St-Zip: TAMPA, FL 33604

Title: VD ( ) Delete  
Name: ESTEVEZ, ALINA  
Address: 203 W. FRIERSON AVE.  
City-St-Zip: TAMPA, FL 33603

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: PEREZ, KATHIE  
Address: 318 MORGAN ST  
City-St-Zip: TAMPA, FL 33603

Title: SEC ( ) Change (X) Addition  
Name: FERNANDEZ, BRENDA  
Address: 6925 N. FLORIDA AVE.  
City-St-Zip: TAMPA,, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY MELENDI

PD

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date