2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 8:00 am Secretary of State

DOCUMENT # P02000005691 1. Entity Name AKETINA, INC.					03-07-2005 9	00283 013 ***150	0.00
Principal Plac	e of Business	Mailing Address					
10770 NW 66 ST #105 10770 NW 66 S		10770 NW 66 ST #105 MIAMI, FL 33178			5	0023288	
-							
10251	Place of Business 72 St	3. Mailing Address 5.0 Suite, Apt. #, etc. /	U 7251	<u> </u>			
Suite, Apt.	wite # 105	Sut 7	4105	03032005	Chg-P	CR2E034 (10/03)	
City & Stat	ann Fl	City & State Carr	ni Fl	4. FEI Number 03-039		 - -	pplied For ot Applicable
žip 3	173 Country 915A	33193	Country US	7 5. Certificate	of Status Desired	S8.75 Addition Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New R	egistered Agent	
MONEDERO, ANA O Name - ana O Monedero							
10770 NW 66 ST #105					er is Not Acceptable	7 1/ 10	
MIAMI, FL	. 33178		1025	1.0 w.	723	1 7 10	<u> </u>
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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 passe of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					·		
		T . C . A		Added to Fees			
After Ma	ay 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib DIRECTORS	oution. 11.	Added to Fees	CHANGES TO OFF	ICERS AND DIRECTOR	
After Ma	OFFICERS AND PSTD	Trust Fund Contrib	11.	Added to Fees	S.W	enange	S IN 11
After Ma	ay 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib DIRECTORS	oution. 11.	Added to Fees	S.W		
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(2.) Hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), 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 virt all other like mnowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #