

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-07-2005 90283 013 ***150.00

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DOCUMENT # P02000005691 1. Entity Name AKETINA, INC.					
Principal Place of Business 10770 NW 66 ST #105 MIAMI, FL 33178			Mailing Address 10770 NW 66 ST #105 MIAMI, FL 33178		
2. Principal Place of Business 10251 S.W 72 ST Suite, Apt. #, etc. Suite #105		3. Mailing Address 10251 S.W 72 ST Suite, Apt. #, etc. Suite #105			
City & State Miami FL		City & State Miami FL			
Zip 33173		Country USA		Zip 33173	
Country USA		4. FEI Number 03-0394903			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MONEDERO, ANA O 10770 NW 66 ST #105 MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Ana O. Monedero Street Address (P.O. Box Number is Not Acceptable) 10251 S.W. 72 ST # 105 Miami City Miami FL Zip Code 33173		
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	PSTD MONEDERO, ANA O 10770 NW 66 ST #105 MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY- ST- ZIP	10251 S.W 72 ST #105 Miami FL 33173	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	