

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90395 006 ***150.00

DOCUMENT # P02000005691			
1. Entity Name AKETINA, INC.			
Principal Place of Business 10251 SW 72 ST STE 105 MIAMI, FL 33173		Mailing Address 10251 SW 72 ST STE 105 MIAMI, FL 33173	
2. Principal Place of Business 7657 SW 103 PL Suite, Apt. #, etc.		3. Mailing Address 7657 SW 103 PL Suite, Apt. #, etc.	
City & State MIAMI FL Zip 33173 Country USA		City & State MIAMI FL Zip 33173 Country USA	
4. FEI Number 03-0394903		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONEDERO, ANA O 10251 SW 072 ST STE 105 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name ANA O. MONEDERO Street Address (P.O. Box Number is Not Acceptable) 7657 SW 103 PL 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 DATE 4/13/06 <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, 2006 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: PSTD NAME: MONEDERO, ANA O STREET ADDRESS: 10251 SW 72 ST STE 105 CITY-ST-ZIP: MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 7657 SW 103 PL CITY-ST-ZIP: MIAMI FL 33173	<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 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		Date 4/13/06 Daytime Phone # (305) 801 1014	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			