


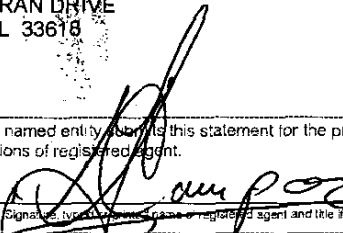
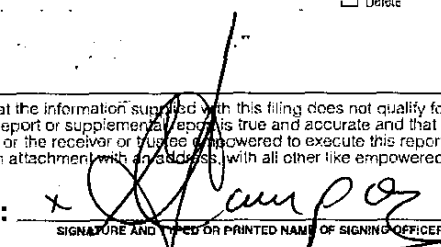
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90100 033 ***150.00

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DOCUMENT # P02000029270					
1. Entity Name AKASIA INTERNATIONAL CORPORATION					
Principal Place of Business 11300 NW 47TH LANE MIAMI, FL 33178			Mailing Address 11300 NW 47TH LANE MIAMI, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPOS, GUSTAVO 13330 MORAN DRIVE TAMPA, FL 33618				Name Campos, Gustavo	
				Street Address (P.O. Box Number is Not Acceptable) 11300 NW 47th Lane	
				City Miami	
				State FL	
Zip Code 33178		4. FEI Number 03-0411649			
Applied For <input type="checkbox"/> Not Applicable				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE: 				GUSTAVO A. CAMPOS DATE: 4/13/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> Delete			
NAME	CAMPOS, GUSTAVO				
STREET ADDRESS	13330 MORAN DRIVE				
CITY-ST-ZIP	TAMPA, FL 33618				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Campos, Gustavo				
STREET ADDRESS	11300 NW 47th Lane				
CITY-ST-ZIP	Miami, FL 33178				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.					
SIGNATURE: 				Date: 4/13/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305-418-9576	