

P02000078380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

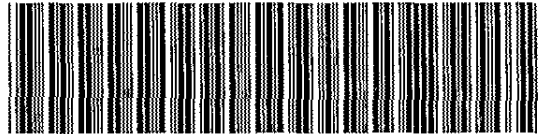
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/04--01010--028 **35.00

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FILED

L.A. Chang
T. Lewis 2/2/04

AKIO FUNDING, INC.
10520 NW 26TH STREET, SUITE C101
MIAMI, FLORIDA 33172
TEL: (305) 541-3888

April 1, 2004

Florida Department of State
Divisions of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

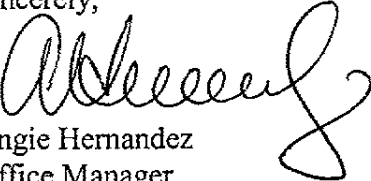
Subject: Akio Funding, Inc.
Tax ID 06-1640792
Ref: P02000078380

Dear Mrs. Thelma Lewis

As per our conversation yesterday in reference to the enclosed letter that I received, please be advised that the \$ 35.00 fee was paid. Enclosed I am sending you a copy of the cancelled check as proof along with the original Request of registered agent form. Please proceed with our request.

If you should have any questions, feel free to give me a call. Your promptness is greatly appreciated.

Sincerely,


Angie Hernandez
Office Manager

enclosures



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 25, 2004

OSVALDO E. ROMERO
AKIO FUNDING, INC.
10520 NW 26TH STREET, SUITE C101
MIAMI, FL 33172

SUBJECT: AKIO FUNDING, INC.
Ref. Number: P02000078380

We have received your document for AKIO FUNDING, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 704A00019859

AKIO FUNDING, INC.
10520 NW 26TH STREET, SUITE C101
MIAMI, FLORIDA 33172
TEL: (305) 541-3888

February 12, 2004

Division of Corporation
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Ref: Akio Funding, Inc.
Tax ID 06-1640792

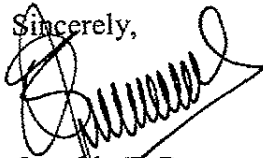
To Whom It May Concern:

Please be advised that I would like to change the registered agent, which appears for the above referenced corporation. Enclosed we are sending the transmittal letters and check number 2675 in the amount of \$ 35.00 as required.

Your promptness will be greatly appreciated.

If you should have any questions, feel free to give me a call.

Sincerely,



Osvaldo E. Romero
President

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AKIO Funding, Inc.
2. The principal office address: 10520 NW 26 street, suite C-101
Miami, Florida 33172
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 07/18/2002 Document number: P02000078380
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Roussio, Mark E Esq.

Roth, Roussio & Darrach, P.A.

3440 Hollywood Blvd, STE 360
Hollywood FL 33021

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Oswaldo E. Romero

10520 NW 26 street, suite C101

(P.O. Box or personal mailbox NOT acceptable)

Miami, Florida 33172

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of officer or director)

Oswaldo E. Romero

(Printed or typed name and title)

DPVST

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314