2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

| DOCUMENT # P05000052453 1. Entity Name AK INVESTMENTS GROUP, INC. | | | | | 01-30-2006 90066 040 ***150.00 | | | | |
|--|--|---------------------------------------|----------------------|-----------------------|--------------------------------|----------------------------|-------------------------------|-------------------------------------|--|
| Principal Place of Business Mailing Address | | | | L | 1 | . • | | | |
| 18045 SW 150 COURT 18045 SW 150 COURT MIAMI, FL 33187-1892 MIAMI, FL 33187-1892 | | | 2 | | 1.00 \$1.00 \$1.00 | PIEC POP PAIN ABOVE A MINI | | (45 (1): 45 (1 1):55 | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01062006 | Chg-P | CR2E034 (11/ | 05) | |
| City & State | | City & State | | 4. FEI Number | 20-266 | 9788 | Applied For Not Applicable | | |
| Zip | Country | Zip | Country | | 5. Certificate of | of Status Desired | □ \$8.75 Fee Rec | Additional quired | |
| | 6. Name and Address of Current | Registered Agenti | gistered Agenti Name | | | Address of New R | legistered Agent | | |
| CASTILLO, KETTY | | | | Name | | | | | |
| 18045 SW 150 COURT MIAMI, FL 33187-1892 | | | | Street Address | (P.O. Box Number | r is Not Acceptable | e) | | |
| | | <u> </u> | - | City | | | FL Zip | Code | |
| 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, hyped or printing name of registered agent any until applicable. (NOTE: Registered Agent signature required when retreating) | | | | | | | | | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11, | | ADDITIONS/0 | CHANGES TO OFF | ICERS AND DIREC | TORS IN 11 | |
| TITLE NAME | DPS CASTILLO, KETTY | ☐ De lete | TITLE | ; | | | ☐ Cha | nge 🗀 Addition | |
| STREET ADDRESS | 18045 SW 150 COURT | | NAM! STRE | ET ADDRESS | | | | i | |
| CITY-ST-ZIP | MIAMI, FL 331871892 | | 1 | -ST-ZIP | | | | į | |
| TITLE | DVT | ☐ De lete | TITLE | | | | ☐ Cha | nge 🔲 Addition | |
| NAMÉ AXACET ADDOCAGO | GARCIA, ANICETO | | NAM | - | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | 1411 WHI, 1 2 00 101 1002 | ☐ Delete | Detete TITLI | | | | Cha | nge 🔲 Addition | |
| NAME | | | NAM | 1 | | | | inge LJ Advitori | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | CITY | -ST-ZIP | | | , | | |
| TITLE NAME | | ☐ Delete | TITLI | | | | Cha | nge 🔲 Addition | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | FITL | E T | | | ☐ Cha | nge 🔲 Addition | |
| NAME | | | MAM | ľ | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1 | | | ET ADORESS -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | - | ☐ Cha | nge 🔲 Addition | |
| NAME | | | NAM | | | | i_ Cha | nge Maggion | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contain | | | | | | | | | |
| 12. Thereby | certify that the information supplied with | n this filing does not qualify fo | or the exc | emptions containe | ed in Chapter 119. | Florida Statutes, I | I further certify that | the information | |

12. I hereby certify that the information supplied with this filing does not quality 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 chapter 607, or on an attachment with an address with all other like ampowered.

SIGNATURE

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

123/00 (305)378-140