
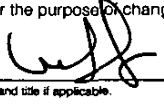



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90336 038 ***150.00

DOCUMENT # P93000071296 1. Entity Name AK FINANCIAL SERVICES, INC.					
Principal Place of Business 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309			Mailing Address 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 3000 W. Cypress Creek Rd.		3. Mailing Address Same as principal			
Suite, Apt. #, etc. RD.		Suite, Apt. #, etc. principal			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 65-0537840	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMILLO, JOHN M ESQ. 1600 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name W. William D. Spruce, Esq. Street Address (P.O. Box Number is Not Acceptable) 3000 W. Cypress Creek Rd City Fort Lauderdale FL Zip Code 33309	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	D ACQUILANO, CATHERINE 755 VALENCIA DRIVE BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMILLO, JOHN M ESQ. 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPRUCE, WILLIAM D. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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:  W. William D. Spruce 4/20/05 954 488 6565					

50040012



04012005 Chg-P CR2E034 (10/03)