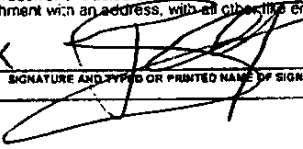


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90226 036 ***150.00

DOCUMENT # P95000020807			
1. Entity Name AKIBA TRADING CORP.			
Principal Place of Business 777 N.W. 72ND AVENUE #2 PLAZA 4 MIAMI, FL 33126		Mailing Address 777 N.W. 72ND AVENUE #2 PLAZA 4 MIAMI, FL 33126	
2. Principal Place of Business 4141 NE 2nd Ave.		3. Mailing Address 4141 NE 2nd Ave.	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Miami, FL 33137		City & State Miami, FL 33137	
Zip 33137	Country	Zip 33137	Country
4. FEI Number 65-0578096		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AKIBA, ELIE 777 N.W. 72ND AVENUE #2 PLAZA 4 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4141 NE 2nd Ave. Ste 102 City, State, Zip Miami, FL 33137	
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: Replace co-Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P AKIBA, ELIE 777 N.W. 72ND AVENUE, #2 PLAZA 4 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 4141 NE 2nd. Ave. Ste 102 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 entities empowered.			
SIGNATURE: X 		04-26-06 (305) 438-0071	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day and Phone #	