FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90226 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000020807

1. Entity Name
AKIBA TRADING CORP.

Principal Place of Business	Mailing Address
777 N.W. 72ND AVENUE #2 PLAZA 4 MIAMI, FL 33126	777 N.W. 72ND AVENUE #2 PLAZA 4 MIAMI, FL 33126

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
4141 NE 2nd Ave.		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	Country	Zip	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	7. Name and Address of New Registered Agent
AKIBA, ELIE 777 N.W. 72ND AVENUE #2 PLAZA 4 MIAMI, FL 33126	Name: Street Address (P.O. Box Number is Not Acceptable): ~~4141 NE 2nd Ave. Ste 102~~ ~~Miami, FL 33137~~ 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 like empowered.

SIGNATURE: X [signature] 04-26-06 (305)438-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #