FILED May 14, 2007 8:00 am Secretary of State 05-14-2007 90089 050 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000020807 1. Entity Name AKIBA TRADING CORP.)	115par			
Principal Place of Business Mailing Address											
4141	NE 2	2nd Ave #1	02								
4141 NE 2nd Ave #102 4141 NE 2nd Ave. #102 Miami, FL 33137 Miami, FL 33137								IDITI DAN BEN BENG FON		 }	5 [5 [
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04232007	Chg-P	CR2E03	4 (12/06)	
City & State				City & State			4. FEI Numbe			— —	plied For Applicable
Zip	Country			Zip	Cour	ntry	5. Certificate	\$8.75 Additional Fee Required			
6. Name and Address of Current				lered Agent		7. Name and Address of New Registered Agent					
AKIBA, ELIE						Nanie					
4141 NE 2 MIAMI, FL				Street Address	(P.O. Box Number	r is Not Acceptable	:)				
. S.	11:	4]									
1.00	Ų.	÷ ,				City			FL	Zip Code	,
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, typed	for printed name of registered a	gent and title i	l applicable. (NO	ITE: Register	ed Agent signature requir	ed when reinstating)	···-	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5 Trust Fund Contribution											
10.		OFFICERS A	ND DIREC	TORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	P Delete TITLE					.E	- <u>-</u>			☐ Change	☐ Addition
NAME STREET ADDRESS	AKIBA, ELIE NAM 4141 NE 2ND AVE STE 102 STRE					AE EET ADORESS					ļ
CITY-ST-ZIP						f-ST-ZIP					
TITLE				☐ Delete	τπι	£				☐ Change	☐ Addition
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TITLE				☐ Delete	TITE		·			☐ Change	Addition
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TITLE	<u> </u>			Delete	THE					Change	Addition
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STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	<u> </u>				——	Y-ST-ZIP				Cl Change	[] Addition
FITLE NAME	t 			☐ Delete	TITI NAI	1				Change	
STREET ADDRESS						REET ADDRESS					
CITY-ST-ZIP	L. .					Y-SI-ZIP					
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 employed to get execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 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 an address with an address with an address with an address.											
Don' alla Couci alana 04.26 00 (200) 426 - 2071											
SIGNAT	UKE: _	SIGNATURE AND TYPED	OR PRINTED	NAME OF SIGNING OFFICE	スリC	1 001 2 1 1 1	v- wri,	Date	<u></u>	Daytime Phone #	<u> </u>