P99000071319

(Re	equestor's Name)		
	•		
(Ac	ldress)		
(Address)			
•			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
_		<u> </u>	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
, — -		·	
Certified Copies	Certificates	of Status	
Capaial Instructions to	Filing Officer		
Special Instructions to	Filing Officer:		
	•		

Office Use Only



400076047194

06/12/06--01089--001 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION

RA Changl 06/16/06

COVER LETTER

	endment Section sion of Corporations
SUBJECT:	AK Business International (Name of Corporation)
DOCUMEN	NT NUMBER: P99000071319
The enclosed	d Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	JUAN Pole6 (Name of Contact Person)
	AK Business International (Firm/Company)
	PMB 687 / 7333 Miami Lakes Dr
	Mami, 7133014 (City/State and Zip Code)
For further in	nformation concerning this matter, please call:
	(Name of Contact Person) at (305) 821-8474 (Area Code & Daytime Telephone Number)
Enclosed is a	a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

June 8, 2006-06-09

DIVISION OF CORPORATIONS Amendment Section

REF: P99000071319
AK BUSINESS INTERNATIONAL

We are in the process of moving our office, please be sure that all future mail concerning this matter will be send to our mailing address:

PMB 687 7333 Miami Lakes Dr Miami, Fl 33014

We will inform you of the new physical address as soon as we complete the entire leasing requirement for the new office.

Sincerely yours,

Juan Poleo

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provis	ions of sections 607.0502, 617.0502	2, 607.1508, or 617.1508, Florida Statutes, this	
statement of change is	submitted for a corporation organiz	zed under the laws of the State of Florida	_
in order to ch	ange its registered office or register	red agent, or both, in the State of Florida.	
1. The name of the cor	poration: A. K. Business Inter	rnational, Inc.	
2. The principal office	address: 13903 NW 67 Ave	e., Suite 220	
Miami Lakes,			
3. The mailing address	(if different): PMB 687		
	akes Dr., Miami, Fl	33014	
4. Date of incorporation	on/qualification: 08-19-1999	Document number: P 99000071319	
5. The name and street Florida Department		ent and registered office on file with the	
<u>Mar</u>	ia L. Kugler		
728	2 Jacaranda Lane		
Mia	mi Lakes, Florida 33014		
6. The name and street (if changed):	address of the new registered agent	(if changed) and /or registered office	DIVISION OF CORPORATIONS
Jua	n Poleo		25
100			5 02
_139	03 N.W. 67 Avenue, Suite (P.O. Box NOT acceptable)	3	? 윷ς
W	, , ,		, ട്ല്
	mi Lakes, Florida 33014	· · · · · · · · · · · · · · · · · · ·	, A
The street address of it as changed will be ide	its registered office and the street a	ddress of the business office of its registered ager	
Such change was auth authorized by the boa	norized by resolution duly adopted rd, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Wanter of so	Officer of director)	Maria Luz Kugler (Printed or typed maine and title)	-
I hereby accept the ap I further beree to com of my duties, and I am document is being file corporation has been	pointment as registered agent and ply with the provisions of all statu i familiar with and accept the oblig merely to reflect a change in the notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete performan gation of my pasition as registered agent. Or, if to registered office address, I hereby confirm that to	ıce his he
X		05/30/2006	
	of Registered Agent)	(Date)	-
If signing on behalf o	fan entity:		
JUAN A. POLE	Brinted Name)		
(i ypeo or	Printed Name)		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)