FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90030 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111453

1. Entity Name
A.K.I.O. GROUP, INC.

90130548

Principal Place of Business
555 NE 34 STREET
APT #909
MIAMI, FL 33137 US

Mailing Address
P.O. BOX 173084
HIALEAH, FL 33017-3084 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 6590 S.W. 12 St.
Suite, Apt. #, etc.: Unit #2
City & State: West Miami, FL.
Zip: 33144 Country: U.S.A.

3. Mailing Address: P.O. Box 0768
Suite, Apt. #, etc.
City & State: Miami, FL.
Zip: 33144 Country: U.S.A.

4. FEI Number: 65-0971739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INGALLS, BRIAN E
2480 SOUTHEAST 8TH COURT
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PTS JAROSIEWICZ, BASILIO 555 NE 34 STREET APT 909 MIAMI, FL 33137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Basilio Jarosiewicz 6590 S.W. 12 St. West Miami, FL. 33144	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Basilio M. Jarosiewicz 04-29-03 305-778-5778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #