
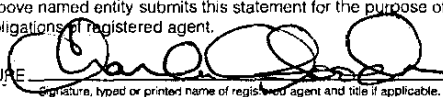
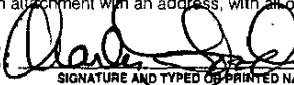


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90467 010 ***150.00

DOCUMENT # V71180 1. Entity Name AKRON CORPORATION					
Principal Place of Business 1760 LENOX AVENUE MIAMI BEACH, FL 33140			Mailing Address P.O. BOX 403363 MIAMI BEACH, FL 33140		
2. Principal Place of Business 5525 LA GORCE DRIVE Suite, Apt. #, etc.		3. Mailing Address PO BOX 403363 Suite, Apt. #, etc.			
City & State MIAMI BEACH, FL Zip 33140		City & State MIAMI BEACH, FL Zip 33140		4. FEI Number 65-0362766	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINSON, EDWARD E 407 LINCOLN ROAD PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 4/1/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME GOODMAN, CHARLES STREET ADDRESS P.O. BOX 403363 - N/A 5525 LA Gorce Drive CITY-ST-ZIP MIAMI BEACH, FL 33140			TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JUSTIN GOODMAN STREET ADDRESS P.O. BOX 403363 5525 LA Gorce Drive CITY-ST-ZIP MIAMI BEACH, FL 33140		
TITLE SD <input type="checkbox"/> Delete NAME GOODMAN, CARYN S. STREET ADDRESS P.O. BOX 403363 - N/A 5525 LA Gorce Drive CITY-ST-ZIP MIAMI BEACH, FL 33140			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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  CHARLES GOODMAN DATE 4/1/04 DAYTIME PHONE # 864-0830 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					