
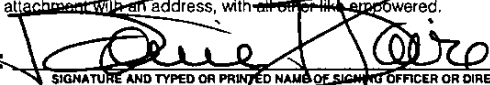


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90022 046 \*\*\*150.00

<b>DOCUMENT # K04535</b> 1. Entity Name AKB MANAGEMENT COMPANY			
Principal Place of Business 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134 US		Mailing Address 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134 US	
2. Principal Place of Business 2655 LeJeune Road		3. Mailing Address 2655 LeJeune Road	
Suite, Apt. #, etc. 1108		Suite, Apt. #, etc. 1108	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134		Zip 33134	
Country USA		Country USA	
4. FEI Number 65-0029011		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLAIRE, BONNIE 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2655 Le Jeune Road, Suite 1108 City Coral Gables, FL Zip Code 33134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLAIRE, BONNIE <input type="checkbox"/> Delete 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2655 LeJeune Road, Suite 1108 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIRE, ADAM <input type="checkbox"/> Delete 2801 PONCE DE LEON BLVD SUITE 1080 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2655 LeJeune Road, Suite 1108 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIRE, KAREN <input type="checkbox"/> Delete 2801 PONCE DE LEON BLVD, SUITE 1080 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2655 Le Jeune Road, Suite 1108 Coral Gables, Florida 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		2/10/05 305-441-1444 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40016403



02012005 Chg-P CR2E034 (10/03)