

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04535

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: AKB MANAGEMENT COMPANY

## Current Principal Place of Business:

2655 LEJEUNE ROAD  
1108  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

615 ALEDO AVE  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

2655 LEJEUNE ROAD  
314  
CORAL GABLES, FL 33134 US

## New Mailing Address:

FEI Number: 65-0029011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAIRE, BONNIE  
2655 LEJEUNE ROAD  
SUITE 1080  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

BLAIRE, BONNIE  
2655 LEJEUNE ROAD  
SUITE 314  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/07/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BLAIRE, BONNIE  
Address: 2655 LEJEUNE ROAD STE 1108  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: BLAIRE, ADAM  
Address: 2655 LEJEUNE ROAD STE 1108  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete  
Name: BLAIRE, KAREN  
Address: 2655 LEJEUNE ROAD STE 1108  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BLAIRE, BONNIE  
Address: 2655 LEJEUNE ROAD STE 314  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition  
Name: BLAIRE, ADAM  
Address: 2655 LEJEUNE ROAD STE 314  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition  
Name: BLAIRE, KAREN  
Address: 2655 LEJEUNE ROAD STE 314  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE BLAIRE

Electronic Signature of Signing Officer or Director

PRES

04/07/2009

Date